9-28-2011

Nield v. Pocatello Health Services Clerk's Record v. 2 Dckt. 38823

Vol 2 of 8

SUPREME COURT OF THE STATE OF IDAHO

JUDY NIELD,

Plaintiff-Appellant

vs.

POCATELLO HEALTH SERVICES, INC. A Nevada corporation, d/b/a POCATELLO CARE AND REHABILITATION CENTER, and JOHN DOES I-X, acting as Agents and employees of Pocatello, etal

Defendants-Respondents

LAW CLERK

Hon. Robert C. Naftz District Judge

Appealed from the District Court of the Sixth Judicial District of the State of Idaho, in and for Bannock County.

Reed W. Larsen

Cooper & Larsen, Chartered

Attorney X For Appellant X

Keely E. Duke

Hall, Farley, Oberrecht & Blanton, P.A.

Attorney X For Respondent X

Filed this day of

2008

Clerk

Deputy

38823

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF THE

STATE OF IDAHO, IN AND FOR THE COUNTY OF BANNOCK

JUDY NIELD, Plaintiff-Appellant, vs. POCATELLO HEALTH SERVICES, INC., A Nevada corporation, d/b/a POCATELLO CARE AND REHABILITATION CENTER, and JOHN DOES I-X, acting as Agents and employees of POCATELLO HEALTH SERVICES, INC., d/b/a POCATELLO CARE AND REHABILITATION CENTER, Defendants-Respondents,	)	Supreme Court No. 38823-2011 Volume II

CLERK'S RECORD

Appeal from the District Court of the Sixth Judicial District of the State of Idaho, in and for the County of Bannock.

Before **HONORABLE Robert C. Naftz** District Judge.

For Appellant:

Reed W. Larsen
Cooper & Larsen, Chartered
P.O. Box 4229
Pocatello, Idaho 83205-4229

For Respondent:

Keely E. Duke
Hall, Farley, Oberrecht & Blanton, P.A.
P.O. Box 1271
Boise, Idaho 83701

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Date	Code	User		Judge
10/1/2009	LOCT	DCANO	CR	Peter D. McDermott
	NCPI	DCANO	New Case Filed-Personal Injury	Peter D. McDermott
	SMIS	DCANO	Summons Issued	Peter D. McDermott
	COMP	DCANO	Verified Complaint and Demand for Jury Trial Filed	Peter D. McDermott
		DCANO	Filing: A - All initial civil case filings of any type not listed in categories B-H, or the other A listings below Paid by: cooper and larsen Receipt number: 0036486 Dated: 10/1/2009 Amount: $88.00 (Check) For:	Robert C. Naftz (Magistrate)
	ATTR	JANA	Plaintiff: Nield, Judy Attorney Retained Reed W Larsen	Peter D. McDermott
10/26/2009		CAMILLE	Affidavit of return; srvd on Pocatello Health services inc. thru Gard Skinner on 10-16-09	Robert C Naftz
11/12/2009		MEGAN	Filing: I1 - Initial Appearance by persons other than the plaintiff or petitioner Paid by: Hall Farley Oberrecht & Blanton P.A. Receipt number: 0041727 Dated: 11/12/2009 Amount: $58.00 (Check) For: Pocatello Health Services, Inc. (defendant)	Robert C Naftz
		CAMILLE	Def Pocatello Health services, inc Pocatello care and Rehabilitation centers Answer to Plntfs Verified complaint and demand for Jury Trial; aty Keely Duke for def Pocatello Health	Robert C Naftz
	ATTR	CAMILLE	Defendant: Pocatello Health Services, Inc. Attorney Retained Keely E Duke	Robert C Naftz
		CAMILLE	Notice of service - Def Pocatello Health services, Inc. dba Pocatello care and rehabilitation centers first set of Interrog. and requests for production of documents to plntf: aty Keely Duke for def	Robert C Naftz
11/16/2009		CAMILLE	Notice of Depo of Judy Nield on 1-12-2010 @ 9am: aty Chris Comstock for def	Robert C Naftz
11/19/2009		CAMILLE	Order for submission of information for scheduling Order; Plntf shall submit to the court, within 14 days of the date of this Order, a Stipulated statement: J Naftz 11-19-09	Robert C Naftz
11/20/2009		CAMILLE	Notice of sevice - Plntfs First set of Discovery to Def Pocatello Health Services, Inc. aty Reed larsen for plntf	Robert C Naftz
12/4/2009		CAMILLE	Stipulated Statement; aty Reed Larsen for plntf	Robert C Naftz
12/8/2009	HRSC	NICOLE	Hearing Scheduled (Jury Trial 11/16/2010 09:00 AM) 10-12 days requested	Robert C Naftz
	HRSC	NICOLE	Hearing Scheduled (Jury Trial 02/15/2011 09:00 AM) 10 - 12 days requested	Robert C Naftz
		DCANO	Scheduling Order, Notice of Trial Setting and Initial Pretrial Order	Robert C Naftz

Judy Nield vs. Pocatello Health Services, Inc.

Date	Code	User		Judge
12/14/2009		CAMILLE	Notice of service - Plntfs Discovery Responses to Def Pocatello Health Care: aty Reed larsen for plntf	Robert C Naftz
12/21/2009		CAMILLE	Notice Vacating Depo of Judy Neild; aty Keely Duke for defs	Robert C Naftz
12/29/2009		CAMILLE	Amended Notice of Depo of Judy Nield on 2-18-2010: aty Chris Comstock	Robert C Naftz
12/30/2009		CAMILLE	Notice of service - Answers to Plntfs First set of Interrog and REq for Production of Documents w/ this notice of service : aty Keely Duke for defs	Robert C Naftz
1/4/2010		CAMILLE	Notice of Service - Plntfs Supplemental Discovery Responses to Def Pocatello Health Services, Inc; aty Reed Larsen for plnt	Robert C Naftz
1/8/2010		CAMILLE	Second Amended Notice of Depositoin; set for 2-24-2010 @ 9am: aty Chris Comstock	Robert C Naftz
4/21/2010		CAMILLE	Plaintiffs witness Disclosures; aty Reed Larsen for Plaintiff	Robert C Naftz
6/2/2010		CAMILLE	Notice of service - Plntfs Second Supplemental Discovery Responses to def Pocatello Care & Rehabilitation Centers First set of Interrog and req for production of Documents to plntf: aty Reed Larsen for plntf	Robert C Naftz
6/10/2010		CAMILLE	Stipulation to Amend Scheduling Order; aty Keely Duke for Def Pocatello Health Service	Robert C Naftz
6/11/2010		CAMILLE	Notice of Service - Plntfs Third Supplemental Discovery Responses to Defendant Pocatello Health Services, Inc. and this Notice: aty Reed Larsen for p lntf	Robert C Naftz
6/16/2010		CAMILLE	Order granting Stipulation to Amend Scheduling Order; s/ Judge Naftz 6-16-2010	Robert C Naftz
6/29/2010		CAMILLE	Notice of Deposition of Mary Akina on 7-12-2010 @ 8:30 am: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Notice of Deposition of Melody Lee on 7-12-2010 @ 10:30 am: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Notice of Deposition of Wendy Sneddon on 7-12-2010 @ 1:30 pm: aty Reed Larsen	Robert C Naftz
		CAMILLE	Notice of Deposition of DAna Camphouse on 7-12-2010 @ 3:30 pm: aty Reed Larsen fo rplntf	Robert C Naftz
		CAMILLE	Notice of Deposition of Lachelle Pratt on 7-13-2010 @ 8:30 am: aty Reed Laren for plntf	Robert C Naftz
		CAMILLE	Notice of Deposition fo Jill Schuette on 7-13-2010 @ 10:30 am: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Notice of Deposition of TAra Tanner on 7-13-2010 @ 1:30 pm: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Notice of Deposition of Connie Funk on 7-13-2010 @ 3:30 pm: aty Reed Larsen for plntf	Robert C Naftz

Judy Nield vs. Pocatello Health Services, Inc.

Date	Code	User		Judge
6/29/2010		CAMILLE	Notice of Depositon of Debra Cheatum on 7-14-2010 @ 8:30 am: aty Reed Larsen	Robert C Naftz
7/2/2010		CAMILLE	Notice of service - First Supplemental Answers to Plntfs First set of Interrog and requests for Production of Documents and this Notice: aty Keely Duke	Robert C Naftz
7/8/2010		CAMILLE	Amended Notice of Deposition of connie Funk on 7-13-2010 @ 1pm: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Amended Notice of Deposition of Debra Cheatum; set for 7-13-2010 @ 2pm: aty Reed larsen for plntf	Robert C Naftz
		CAMILLE	Amended Notice of Deposition of Melody Lee on 7-13-2010 @ 3pm: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Amended Notice of Deposition of Lachelle Pratt on 7-14-2010 @ 8am: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Amended Notice of Deposition of Dana Camphouse on 7-14-2010 @ 9am: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Amended Notice of Deposition of Mary Akina on 7-14-2010 @ 10am: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Amended Notice of Deposition of Wendy Sneddon on 7-14-2010 @ 11am: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Amended Notice of Deposition of Jill Schuette on 7-14-2010 @ 1:30 pm: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Amended Notice of Deposition of Tara Tanner on 7-14-2010 @ 2:30 pm: aty Reed Larsen for plntf	Robert C Naftz
7/22/2010		CAMILLE	Defendants Pocatello care and Rehabilitation Centers expert witness disclosure; aty Keely Duke	Robert C Naftz
7/26/2010		CAMILLE	Motion for stay of Proceedings; aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Affidavit of Reed Larsen in Support of Motion to Stay Proceedings; aty Reed Larsen for pltnf	Robert C Naftz
		CAMILLE	Notice of service - Def Pocatello Health services Inc. Pocatello Care and Rehabilitation Centers Answers to Plntfs First set of Interog. aty Keely Duke for def	Robert C Naftz
8/4/2010	HRSC	NICOLE	Hearing Scheduled (Motion for Summary Judgment 09/13/2010 01:30 PM)	Robert C Naftz
8/6/2010		CAMILLE	Notice of Hearing; set for Plntfs Motion for Stay of Proceedings: on 8-23-2010 @ 1:30 pm: aty Reed Larsen for plntf	Robert C Naftz
8/20/2010	HRVC	NICOLE	Hearing result for Motion for Summary Judgment held on 09/13/2010 01:30 PM: Hearing Vacated upon request of Defendant	Robert C Naftz

Judy Nield vs. Pocatello Health Services, Inc.

Date	Code	User		Judge
8/20/2010	HRVC	NICOLE	Hearing result for Motion held on 08/23/2010 01:30 PM: Hearing Vacated Motion for Stay of Proceedings upon request of Plaintiff	Robert C Naftz
		CAMILLE	Stipulation to Vacate; aty Reed Larsen for plntf	Robert C Naftz
8/23/2010	HRVC	NICOLE	Hearing result for Jury Trial held on 11/16/2010 09:00 AM: Hearing Vacated 10-12 days requested	Robert C Naftz
		CAMILLE	Order granting Stipulation to Vacate Trial; s/ Judge Naftz 8-20-2010 (this matter shall be reset to 2-15-28, 2011)	Robert C Naftz
8/24/2010	HRSC	NICOLE	Hearing Scheduled (Motion for Summary Judgment 11/08/2010 01:30 PM)	Robert C Naftz
10/8/2010		CAMILLE	Defendant Pocatello Health services, Inc DBA Pocatello care and rehabiltation centers Motin for Summary Judgment; aty Keely Duke for def	Robert C Naftz
		CAMILLE	Memorandum in Support of Def Pocatello Health Services, Inc DBA Pocatello Care and Rehabilitation Centers Motion for summary Judgment; aty Keely Duke	Robert C Naftz
		CAMILLE	Affidavit of Keely Duke in Support of Defendant Pocatello care and Rehabilitation centers Motion for Summary Judgment; aty Keely Duke for def	Robert C Naftz
		DCANO	Affidavit of Thomas J. Coffman, MD, in Support of Defendant Pocatello Health Services, Inc. D/B/A Pocatello Care and Rehabilitation Center's Motion for Summary Judgment; Keely E. Duke, Attys for Dfdts.	Robert C Naftz
10/21/2010	CONT	NICOLE	Continued (Motion for Summary Judgment 12/13/2010 01:30 PM) Defendant's Motion upon request of defense	Robert C Naftz
10/28/2010		CAMILLE	Notice of Deposition of Laree Dun on 11-9-2010 @ 9am: aty Javier Gabiola	Robert C Naftz
		CAMILLE	Notice of Deposition of Joyce Maxfield on 11-9-2010 @ 1pm: aty Javier Gabiola for plntf	Robert C Naftz
		CAMILLE	Notice of Deposition of Thomas Coffman MD: on 11-11-2010 @ 9:30am: aty Javier Gabiola for plntf	Robert C Naftz
		CAMILLE	Notice of Deposition Derick Glum on 11-16-2010 @ 9:30 am: aty Javier Gabiola for plntf	Robert C Naftz
		CAMILLE	Notice of Depositon of Marji Brim on 11-19-2010 @ 1:30pm: aty Javier Gaboiola for plntf	Robert C Naftz
11/15/2010		CAMILLE	Stipulation to vacate trial and amend scheduling order; aty Keely Duke	Robert C Naftz
		CAMILLE	Amended Notice of Deposition of Thomas J Coffman, MD: (11-19-2010 9am) aty Javier Gabiola for plntf	Robert C Naftz

Judy Nield vs. Pocatello Health Services, Inc.

Date	Code	User		Judge
11/15/2010		CAMILLE	Amended Notice of Deposition of Joyce Maxfield; set for Joyce Maxfield on 11-17-2010 1pm): aty Javier Gabolia for plntf	Robert C Naftz
		CAMILLE	Amended Notice of Deposiiton of Derrick Glum; on 11-16-2010 @ 8:30 am: aty Javier Gabolia for plntf	Robert C Naftz
		CAMILLE	Amended Notice of hearing; set for 12-13-2010 @ 1:30 pm: aty Keely Duke for Def.	Robert C Naftz
11/18/2010		CAMILLE	Defendant Pocatello care and rehabilitation centers first supplemental expert witness disclosure; aty Keely Duke	Robert C Naftz
		CAMILLE	Amended Notice of Deposition of Laree Dunn on 11-17-2010 @ 9am: aty Javier Gabiola for p lntf	Robert C Naftz
11/29/2010		CAMILLE	Memorandum in support of Plaintiffs Motion to Strike the Affidavit of Dr. Coffman: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Motion to continue hearing on Summary Judgment or in the Alternative Additional time to suppplement the record: aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Memorandum in support of plnts motion to continue hearing on summary judgment or in the alternative additional time to supplement the record; aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Memorandum in opposition to defendants motion for summary judgment; aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Affidavit of Reed Larsen in support of plntfs opposition to defs motion for summary judgment; aty Reed Larsen for plntf	Robert C Naftz
11/30/2010	HRSC	NICOLE	Hearing Scheduled (Motion 12/13/2010 01:30 PM) Motion to Strike Affidavit of Dr. Coffman	Robert C Naftz
		CAMILLE	Affidavit of Suzanne Frederick; aty Suzann Frederick for plntf	Robert C Naftz
		CAMILLE	Motion to strike the Affidavit of Dr. Coffman; aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Affidavit of Javier Gabiola in support of plntfs motion to continue hearing on summary judgment or in the alternative additional time to supplemental the record: aty Reed Larsen for plntf	Robert C Naftz
12/1/2010		CAMILLE	Affidavit of Hughes Selznick, MD; aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Affidavit of Sidney Gerber;	Robert C Naftz
12/2/2010		CAMILLE	Notice of hearing; set for 12-13-2010 @ 1:30 pm: aty Reed Larsen for plntf	Robert C Naftz

Judy Nield vs. Pocatello Health Services, Inc.

Date	Code	User		Judge
12/6/2010		CAMILLE	Motion to strike portions of the affidavit s of Hugh Selznick, MD Suzanne Frederick and Sidney Gerber; aty Keely Duke for def	Robert C Naftz
		CAMILLE	Memorandum in Opposition to plntfs Motion to continue hearing on summary Judgment or in the Alternative Additional time to supplement the record: aty Keely Duke for def	Robert C Naftz
		CAMILLE	Motion to Shorten Time Regarding Motin to Strike Portions of the Affidavits of Hugh Selznick, MD Suzanne Frederick and Sidney Gerber; aty Keely Duke for def	Robert C Naftz
		CAMILLE	Notice of Hearing regarding motion to strike portions of the affidavit s of Hug Selznick, MD Suzann Frederick and Sidney Gerber: aty KeelyDuke for def	Robert C Naftz
		CAMILLE	Memorandum in Opposition t oplntf to plntfs motion to strike the affidavit of Dr. Coffman; aty Keely Duke for def	Robert C Naftz
		CAMILLE	Reply Memorandum in support of def pocatello Health services, Inc DBA Pocatello care and rehabiliation centers motion for summary judgment. aty Keely Duke for Def	Robert C Naftz
		CAMILLE	Memorandum in support of motion to strike portions of the affidavit of Hugh Selznick, MD Suzanne Frederrick and Sidney Gerber; aty Keely Duke	Robert C Naftz
12/8/2010	CONT	NICOLE	Continued (Jury Trial 10/25/2011 09:00 AM) 10-12 days requested; 9 scheduled	Robert C Naftz
		CAMILLE	Order granting stipulation to amend scheduling order; s/ Judge Naftz 11-22-2010	Robert C Naftz
12/9/2010		CINDYBF	Reply Memorandum in Support of Plaintiff's Motion to Continue Hearing on Summary Judgment or in the Alternative Additional Time to Supplement the Record- by PA Larsen.	Robert C Naftz
		CINDYBF	Reply Memorandum in Support of Plaintiff's Motion to Strike the Affidavit of Dr. Coffman- by PA Larsen.	Robert C Naftz
		CINDYBF	Memorandum in Opposition to Defendant's Motion to Strike Portions of the Affidavits of Hugh Selznick, MD, Suzanne Frederick and Sidney Gerber- by PA Larsen.	Robert C Naftz
12/17/2010		CAMILLE	Notice of service - Plaintiffs Second set of Discovery to Defendant : aty Javier Gabiola for plntf	Robert C Naftz
1/21/2011	HRVC	NICOLE	Hearing result for Motion held on 12/13/2010 01:30 PM: Hearing Vacated Motion to Continue Hearing on Summary Judgment; withdrawn by Plaintiff	Robert C Naftz

Judy Nield vs. Pocatello Health Services, Inc.

Date	Code	User		Judge
1/21/2011	DCHH	NICOLE	Hearing result for Motion held on 12/13/2010 01:30 PM: District Court Hearing Held Court Reporter: Stephanie Davis Number of Transcript Pages for this hearing estimated: less than 100 pages Motion to Strike Affidavit of Dr. Coffman	Robert C Naftz
	DCHH	NICOLE	Hearing result for Motion for Summary Judgment held on 12/13/2010 01:30 PM: District Court Hearing Held Court Reporter: Stephanie Davis Number of Transcript Pages for this hearing estimated: less than 100 pages Defendant's Motion	Robert C Naftz
		CAMILLE	Memorandum Decision and Order; Defendants Motion for Summary Judgment is hereby GRANTED: s/ Judge Naftz 1-21-2011	Robert C Naftz
2/4/2011		CAMILLE	Plaintiffs motion for reconsideration; aty Reed Larsen for plntf	Robert C Naftz
		CAMILLE	Memorandum in support of Plaintiffs Motion for Recosnsideration; aty Reed Larsen for plntf	Robert C Naftz
2/8/2011	HRSC	NICOLE	Hearing Scheduled (Motion 02/28/2011 01:30 PM) Motion for Reconsideration (Plaintiff)	Robert C Naftz
2/9/2011		CAMILLE	Notice of hearing; set for plntf motion for reconsideration on 2-28-2011 @ 1:30 pm: aty Javier Gabiola for plntf	Robert C Naftz
2/18/2011		CAMILLE	Pocatello Health services, inc dba Pocatello care and rehabilitation centers Memorandum in opposition to plntfs motion for reconsideration; aty Keely Duke for def	Robert C Naftz
2/24/2011	STIP	DCANO	Stipulation to Vacate Hearing on Motion for Reconsideration; Keely E. Duke, Atty for Dfdts.	Robert C Naftz
2/25/2011	CONT	NICOLE	Continued (Motion 03/28/2011 01:45 PM) Motion for Reconsideration (Plaintiff) per stipulatin	Robert C Naftz
		CAMILLE	Reply Memorandum in support of plaintiffs motion for reconsideration; aty Reed Larsen	Robert C Naftz
3/3/2011	ORDR	DCANO	Order Granting Stipulation to Vacate Hearing on Plaintiff's Motion for Reconsideration; Javier L. Gabiola, Atty for Plntfs.	Robert C Naftz
3/28/2011	INHD	BRANDY	Hearing result for Motion held on 03/28/2011 01:45 PM: Interim Hearing Held Motion for Reconsideration (Plaintiff)	Robert C Naftz
5/3/2011	HRVC	BRANDY	Hearing result for Jury Trial held on 10/25/2011 09:00 AM: Hearing Vacated 10-12 days requested; 9 scheduled	Robert C Naftz
		CAMILLE	Memorandum Decision and Order; Plaintiffs Motion for rexonsideration is hereby DENIED; court will prepare judgment: s/ Judge Naftz	Robert C Naftz

Judy Nield vs. Pocatello Health Services, Inc.

Date	Code	User		Judge
5/3/2011	JDMT	CAMILLE	Judgment; court DENIED the plntf Motion for reconsideration, court is hereby ordered and adjudged that all of the plntfs claims against the def in this matter are dismissed withprej: s/ Judge Naftz 5-3-2011	Robert C Naftz
	CSTS	CAMILLE	Case Status Changed: Closed	Robert C Naftz
5/12/2011		NOELIA	Filing: L4 - Appeal, Civil appeal or cross-appeal to Supreme Court Paid by: Larsen, Reed W (attorney for Nield, Judy) Receipt number: 0016659 Dated: 5/12/2011 Amount: $101.00 (Check) For: Nield, Judy (plaintiff)	Robert C Naftz
	APSC	DCANO	Appealed To The Supreme Court	Robert C Naftz
	NOTC	DCANO	Notice of Appeal: Javier L. Gabiola, Atty for Plaintiff	Robert C Naftz
	MISC	DCANO	Received Check #27668 for $101.00 filing fee on Appeal and Check # 27669 for $100.00 for Deposit of Clerk's Record.	Robert C Naftz
5/17/2011		CAMILLE	Pocatello Health Services, Inc. dba Pocatello care and rehabilitation centers motion for costs; aty Keely Duke for Def.	Robert C Naftz
		CAMILLE	Pocatello Health services, Inc dba Pocatello care and rehailitation centers verified Memorandum of costs; aty Keely Duke for def	Robert C Naftz
		CAMILLE	Affidavit of ocunsel in support of Memorandum for fees and costs; aty Keely Duke for def	Robert C Naftz
5/18/2011		CAMILLE	Pocatello Health services, Inc's Memorandum in support of Motion to amend Judgment; aty Keely Duke for def	Robert C Naftz
		CAMILLE	Pocatello Health services, Inc's Motion to Amend Judgment; aty Keely Duke	Robert C Naftz
5/19/2011	HRSC	NICOLE	Hearing Scheduled (Motion 06/13/2011 02:00 PM) Motion for Costs Motion to Amend Judgment	Robert C Naftz
	CSTS	NICOLE	Case Status Changed: Closed pending clerk action	Robert C Naftz
5/24/2011	MISC	DCANO	CLERK'S CERTIFICATE OF APPEAL: Signed and Mailed to Counsel and SC on 5-24-11.	Robert C Naftz
5/25/2011		CAMILLE	Notice of hearing; aty Keely Duke for def	Robert C Naftz
		CAMILLE	Defendant Pocatello Health services, Inc's requests for additions to the clerks record; aty Keely Duke	Robert C Naftz
/26/2011		CAMILLE	Plaintiff's Memorandum i n Opposition to Def Pocatello Health services, Inc. dba Pocatello care and rehabilitation centers motion to amend judgment and motion for costs; aty Reed larsen	Robert C Naftz

Judy Nield vs. Pocatello Health Services, Inc.

Date	Code	User		Judge
5/27/2011		CAMILLE	Affidavit of Javier Gabiola in support of plaintiffs Memorandum in opposition to defs pocatello health services, Inc dba pocatello care and rehabilitation centers motion to amend judgment and motion for costs; aty Reed larsen	Robert C Naftz
6/2/2011	MISC	DCANO	IDAHO SUPREME COURT; Notice of Appeal received in SC on 5-26-11. Docket Number # 38823-2011. Clerk's Record and Reporter's Transcripts must be filed in SC on 8-3-11. (6-30-11 5 weeks prior). The following Transcritps to be lodged: Motion for Summary Judgment 12-13-10 and Reconsideration 3-28-11.	Robert C Naftz
		DCANO	IDAHO SUPREME COURT; Clerk's Certificate filed with SC. Examine Title of Cert. if any corrections contact Dist. Clerk. Title in the Cert. must appear on all documents filed with SC.	Robert C Naftz
6/9/2011		DCANO	Pocatello Health Services, Inc. dba Pocatello Care and Rehabilitation Center's Reply Memorandum in Support of Motion for Costs; Keely E. Duke, Atty for Defendants.	Robert C Naftz
		DCANO	Defendant Pocatello Health Services, Inc.'s Second Request for Additions to the Clerk's Record./ Keely E. Duke, Atty for Defendants.	Robert C Naftz
		DCANO	Pocatello Health Services, Inc.'s Reply Memorandum in Support of Motion to Amend Judgment; Keely E. Duke, Atty for Defendants.	Robert C Naftz
		DCANO	Pocatello Health Services, Inc. dba Pocatello Care and Rehabilitation Center's Amended Verified Memorandum of Costs; Keely E. Duke, Atty. for Defendants.	Robert C Naftz
3/10/2011		CAMILLE	Affidavit of counsel in support of Pocatello health services, inc. dba Pocatello care and rehabilitation centers reply memorandum in support of motion for costs: aty Keely Duke for def	Robert C Naftz
3/16/2011		CAMILLE	Plaintiffs request for additions to clerks record; aty Reed Larsen	Robert C Naftz
3/17/2011	DCHH	NICOLE	Hearing result for Motion held on 06/13/2011 02:00 PM: District Court Hearing Held Court Reporter: Stephanie Davis Number of Transcript Pages for this hearing estimated: less than 100 pages Motion for Costs Motion to Amend Judgment	Robert C Naftz
/20/2011		CAMILLE	Minute Entry and Order; Plntfs Motion to Amend Judgment and Motion for costs are DENIED: s/ Judge Naftz 6-20-2011	Robert C Naftz

Sixth Judicial District Court - Bannock County

ROA Report

Case: CV-2009-0003869-PI Current Judge: Robert C Naftz

Judy Nield vs. Pocatello Health Services, Inc.

Judy Nield vs. Pocatello Health Services, Inc.

Date	Code	User		Judge
7/7/2011	MISC	DCANO	IDAHO SUPREME COURT; Documents filed in SC. Defendant Pocatello Helath Serivces, Inc.'s Request for Additions to the Clerk's Record and Defendant Poctello Haelth Service, Inc.'s Second Request for Additions to the Clerk's Record.	Robert C Naftz
7/26/2011		DCANO	REPORTER'S TRANSCRIPTS received in Court Records on 7-26-ll from Stephanie Davis for the following hearings: Dfdts. Motn Summary Judge, Motion to Strike, Plntfs Motion to Strike and Motn to Continue held 12-13-10. Pltnfs. Motion to Reconsider held 3-28-11.	Robert C Naftz
8/12/2011	MISC	DCANO	CLERK'S RECORD RECEIVED IN Court Records on 8-12-11.	Robert C Naftz

Keely E. Duke
ISB #6044; ked@hallfarley.com
Chris D. Comstock
ISB #6581; cdc@hallfarley.com
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Attorneys for Defendant Pocatello Health Services, Inc. d/b/a Pocatello Care and Rehabilitation Center

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF THE

STATE OF IDAHO, IN AND FOR THE COUNTY OF BANNOCK

JUDY NIELD,

Plaintiff,

vs.

POCATELLO HEALTH SERVICES, INC., a Nevada corporation, d/b/a POCATELLO CARE AND REHABILITATION CENTER, and JOHN DOES I-X, acting as agents and employees of POCATELLO HEALTH SERVICES, INC., d/b/a POCATELLO CARE AND REHABILITATION CENTER,

Defendants.

Case No. CV 09 3869 PI

AFFIDAVIT OF THOMAS J. COFFMAN, MD, IN SUPPORT OF DEFENDANT POCATELLO HEALTH SERVICES, INC. D/B/A POCATELLO CARE AND REHABILITATION CENTER'S MOTION FOR SUMMARY JUDGMENT

ORIGINAL

STATE OF IDAHO)
) ss.
County of Ada)

Thomas J. Coffman, MD, having been first duly sworn upon oath, deposes and says as follows:

1. I am a medical doctor licensed in the State of Idaho and am board certified in internal medicine and infectious disease. A copy of my CV is attached hereto as Exhibit A.

2. I am the present Chief of Staff at St. Luke's Regional Medical Center, a Chairman of the Infection Control Committee at St. Luke's Regional Medical Center and Co-Chairman of Infection Control for Saint Alphonsus Regional Medical Center. I have practiced in infectious disease since 1990.

3. I have reviewed numerous medical records relating to Ms. Nield, including records relating to her condition prior to her admission to Pocatello Care and Rehabilitation Center ("Pocatello Care and Rehab") on August 25, 2007, records relating to her admission to Pocatello Care and Rehab, and records relating to her condition following her discharge from Pocatello Care and Rehab on December 3, 2007. See a list of records attached hereto as Exhibit B.

4. Methicillin-resistant Staphylococcus aureus ("MRSA") is a strain of staphylococcus aureus bacteria that is resistant to certain types of antibiotics. MRSA is not more virulent than other strains of staphylococcus. MRSA is resistant to treatment from certain types of antibiotics.

5. A person may be colonized with MRSA but not show signs or symptoms of infection. MRSA may colonize in a person's respiratory tract, urinary tract, open wounds and catheters. The most common area of MRSA colonization is the nostrils.

6. A person is MRSA infected once the organism has invaded a body site, begins multiplying in the tissue and clinical manifestations of disease are present, including fever,

redness, swelling and other signs of infection. An infection such as MRSA, or another microorganism, in the bone or bone marrow is called osteomyelitis.

7. MRSA can be found in health care facilities and outside of health care facilities. MRSA is ubiquitous within skilled nursing facilities and long term care facilities. There are studies indicating that upwards of 25% of patients at such facilities are MRSA colonized.

8. MRSA can be transmitted in many ways, including contact with someone who has an active infection, contact with someone who is MRSA colonized but not infected, contact with an object that has been contaminated with MRSA, or breathing in droplets expelled by a MRSA carrier or infected person expelled during breathing, coughing or sneezing.

9. A person who is MRSA colonized may develop an infection by transferring MRSA from the nostrils to an open wound.

10. Most people who are colonized with MRSA do not develop MRSA infections, and, therefore, never exhibit signs of MRSA. There are numerous factors that make certain people more susceptible to developing MRSA infections, including increased age, diabetes, vascular and venous deficiencies, open wounds, previous hospital admissions, compromised immune system and lack of mobility.

11. A resident at a skilled nursing facility such as Pocatello Care and Rehab can become MRSA colonized or infected despite strict adherence to an appropriate infection control policy. It is not possible to entirely stop the spread of MRSA in health care facilities.

12. Wound and fluid cultures are one way to determine if a person is infected with MRSA or pseudomonas. A wound or fluid culture involves taking a sample from an infected area, placing the collected sample in a sterile container, and then taking the sample to a laboratory to separate the different micro-organisms found in the sample and grow them out on a

culture plate in an incubator. Based upon my experience, training and education, a person performing a wound or fluid culture will not identify every micro-organism isolated, but instead, will identify only the two or three most dominant micro-organisms found in the sample. The dominant isolates are then placed on culture plates and grown out over the course of one or two days to allow for identification. A technician does not culture every micro-organism from a wound or fluid culture because of the fact there could be dozens and dozens of microorganisms from one wound culture.

13. People may also be screened for MRSA to identify individuals who are MRSA colonized. A MRSA screen, unlike a culture, does not look to detect infection, but rather, looks for the presence of an organism generally. In 2007, the most widely available form of MRSA screening was nares culturing, which looks for MRSA colonization in a person's nostrils. These nares screenings are only able to identify 60-70% of MRSA colonized individuals, while another 10-15% can be identified through perineal or rectal culturing. Screening incoming patients for MRSA was not common practice as of August 2007, and was not a part of the standard of care.

14. I have not seen any records of MRSA screening for Ms. Nield prior to her admission to Pocatello Care and Rehab. I note that the August 25, 2007 discharge summary from Portneuf Medical Center includes a handwritten note that a MRSA screen was negative. The August 25, 2007 Discharge Summary is attached hereto as Ex. C. However, there are no records of any MRSA screen. Instead, the only MRSA diagnostic record I have found prior to Ms. Nield's admission to Pocatello Care and Rehab is the August 21, 2007 culture. If a MRSA screen was done, a report would have been produced and made a part of the record. Based upon the records, it appears Dr. Zimmerman's reference to a negative MRSA screen is referring to the culture taken of Ms. Nield's wound on August 21, 2007, and not an actual MRSA screening.

Based on the lack of any MRSA screen report, it is fair to assume that a MRSA screen was not performed. If Ms. Nield was not screened for MRSA, it is not possible to determine if she was MRSA colonized at the time she was admitted to Pocatello Care and Rehab on August 25, 2007.

15. Pseudomonas aeruginosa is a common aerobic, gram-negative bacterium of relatively low virulence.

16. Like MRSA, people may be carriers of pseudomonas aeruginosa without showing any signs or symptoms of infection. Studies show that 10% of the population at large may be pseudomonas aeruginosa colonized in their colons. Most people who are colonized with pseudomonas aeruginosa do not become infected.

17. Pseudomonas aeruginosa is commonly found in medical care settings as well as in nature. Pseudomonas aeruginosa is commonly found in plants, soil, water and animals.

18. Pseudomonas aeruginosa is an opportunistic bacteria that invades nearly all human tissue if weakened, such as open skin.

19. Pseudomonas aeruginosa can be transmitted through contact with a person who is infected or a carrier of pseudomonas, inhalation of pseudomonas aerosols, contact with water that has been exposed to the bacteria, eating of raw vegetables that are contaminated, and contact with surfaces that have been contaminated.

20. A person who is a carrier of pseudomonas aeruginosa in their colon, may become infected by transmission of the bacteria from their colon to an open wound. This can happen through numerous means, including, taking a shower with open wounds.

21. A resident at a skilled nursing facility such as Pocatello Care and Rehab can become pseudomonas aeruginosa colonized or infected despite strict adherence to an appropriate

infection control policy. It is not possible to entirely stop the spread of pseudomonas aeruginosa in health care facilities.

22. Based upon the records available, it is not possible to determine with a reasonable degree of medical certainty, whether or not Ms. Nield was MRSA or pseudomonas colonized as of the date she was admitted to Pocatello Care and Rehab.

23. The August 21, 2007 wound culture does not rule out the possibility Ms. Nield was colonized or infected with MRSA or pseudomonas. The records do not indicate whether a swab was taken from each of Ms. Nield's four wounds. It is possible Ms. Nield had MRSA and/or pseudomonas in one or more, but not all of her wounds. As such, it is possible the swab was taken from one of the wounds in which she did not have MRSA and/or pseudomonas.

24. It is possible Ms. Nield had MRSA and/or pseudomonas in her swabbed leg wound, but that the culture did not grow out and identify these bacteria, resulting in a false negative. Due to her condition as of August 21, 2007, (chronic open wounds, unsanitary conditions, high susceptibility to infection and a lack of antibiotic treatment), Ms. Nield would be expected to have a whole host of bacteria within her wet leg wounds. A wound culture taken from one of these wounds would include possibly dozens and dozens of different micro-organisms. Faced with such a wound culture, only the two or three dominant micro-organisms would be grown out for identification. It is very possible MRSA and/or pseudomonas were present in the wound that was cultured on August 21, 2007, but were not the dominant micro-organisms and were not grown out.

25. Ms. Nield's wound cultures done on November 27, 2007, January 18, 2008 and March 17, 2008 were much less likely to result in a false negative, due to the fact she was on intravenous antibiotic treatment, which would eliminate a vast majority of micro-organisms.

26. Any time Ms. Nield came in contact with a visitor, left the Pocatello Care and Rehab facility, or was seen by a non Pocatello Care and Rehab medical provider, she was potentially exposed to MRSA and/or pseudomonas. An unknown but potentially significant number of medical workers are MRSA colonized.

27. Ms. Nield's right hip was infected with pseudomonas aeruginosa as of May 12, 2008. It is not possible to determine to a reasonable degree of medical certainty as to whether this infection was related to her previous pseudomonas aeruginosa infection noted on the November 9, 2007 wound culture. First, the three subsequent wound cultures done on November 27, 2007, January 18, 2008 and March 17, 2008 did not indicate pseudomonas aeruginosa. Based upon these records, it appears Ms. Nield's pseudomonas aeruginosa infection was resolved by her intravenous antibiotic therapy. Second, Dr. Oliver's report dated May 12, 2008 states that the pseudomonas aeruginosa species that was grown from Ms. Nield's right hip was an extremely rare species susceptible only to Imipenem, Meropenem, Ceftazidime and Aztreonam antibiotics. However, the species of pseudomonas aeruginosa grown out of Ms. Nield's November 9, 2007 culture was susceptible to Ciprofloxacin, Gentamicin and Levofloxacin. Therefore, it appears the strains of pseudomonas were different.

28. Based upon the records available, my knowledge experience and training, it is not possible to determine whether or not Ms. Nield was MRSA or pseudomonas colonized as of the time she was admitted to Pocatello Care and Rehab on August 25, 2007. As such, it is not possible to determine when, where or how Ms. Nield became infected with MRSA or pseudomonas. Further, Ms. Nield's pseudomonas infection that was found in her right hip in May 2008, was not the same strain of pseudomonas she tested positive for while she was at Pocatello Care and Rehab and, therefore, was most likely acquired after she left Pocatello Care

and Rehab on December 3, 2007.

29. I hold these opinions to a reasonable degree of medical certainty.

FURTHER YOUR AFFIANT SAYETH NOT.

Thomas J. Coffman, MD

SUBSCRIBED AND SWORN to before me this 7 day of October, 2010.

(SEAL)

Notary Public for Idaho
Residing at Boise, Idaho
My Commission Expires 01/29/15

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 7th day of October, 2010, I caused to be served a true copy of the foregoing **AFFIDAVIT OF THOMAS J. COFFMAN, MD IN SUPPORT OF DEFENDANT POCATELLO HEALTH SERVICES, INC. D/B/A POCATELLO CARE AND REHABILITATION CENTER'S MOTION FOR SUMMARY JUDGMENT**, by the method indicated below, and addressed to each of the following:

Reed W. Larsen
COOPER & LARSEN, CHARTERED
151 North 3rd Avenue, 2nd Floor
P.O. Box 4229
Pocatello, ID 83205-4229
Fax: (208) 235-1182
Attorneys for Plaintiff

- ☐ U.S. Mail, Postage Prepaid
- ☐ Hand Delivered
- ☑ Overnight Mail
- ☐ Telecopy

Keely E. Duke

EXHIBIT A

THOMAS J. COFFMAN, MD

WORK ADDRESS

125 E. Idaho, Suite 203 Boise, ID 83712

Phone: 208-338-0148
Fax: 208-336-4027

HOME ADDRESS

212 Jantoni Boise, ID 83712

Phone: 208-866-1646

EDUCATION

1975-1979 University of California (Santa Cruz, CA)

- B.A., Biology

1979-1984 University of Iowa Medical School Iowa City IA

- MD

1984-1987 University of Iowa Hospital and Clinics Iowa City, IA

- Resident in Internal Medicine

1987-1989 University of Iowa-Department of Medicine

- Fellow in Infectious Disease

BOARD CERTIFICATION

- American Board of Internal Medicine-1987
- American Board of Infectious Disease-1990
- American Board of Infectious Disease-2001

LICENSURE

- Idaho-1990 M-5628

April 14, 2010

PROFESSIONAL EXPERIENCE

- 2009- Present Chief of Staff, St Lukes Regional Medical Center
- Clinical Assistant Professor of Medicine, University of Washington School of Medicine
- Chairman, Infection Control Committee, St Lukes Regional Medical Center
- Chairman, Infection Control Committee, Elks Rehabilitation Hospital
- Co-Chairman Infections Control, St Alphonsus Regional Medical Center
- 1990-Present Private Practice, Infectious Disease
- 2001-Present, HIV Clinical Services (Ryan White Grant) Family Practice Residency of Idaho

PUBLICATIONS

- **Coffman, TJ,** Cox CD, Edeker BL, Britigan BE. The pseudomonas siderophore can function as a hydroxyl radical catalyst, J. Clin. Inves., V6 #4, pp 1030-37, Oct 1990
- Schlecte JA, **Coffman, TJ.** Plasma free cortisol in depressive illness: A review of findings and clinical applications. J Psych. Med., 3:23-31, 1985
- Adams HP, Dawson G, **Coffman, TJ,** Corry R. Stroke in renal transplant recipients, Arch. Neurol., 43:113-115, 1988
- Britigan BE, **Coffman, TJ,** Adelberg DR, Cohen MS. Mononuclear Phagocytes have the potential for sustained hydroxyl production: Use of spin trapping techniques to investigate mononuclear phagocyte free radical production, J. Exp. Med., 168:2367-2372, 1988
- Britigan BE, **Coffman TJ,** Buettner GR. Spin trapping evidence for the lack of significant hydroxyl radical phagocytes using a spin adduct resistant to superoxide mediated destruction. J. Biol. Chem.

ABSTRACTS

- Britigan BE, **Coffman, TJ,** Adelberg DR, Cohen MS Monocytes and monocyte-derived macrophages lack the endogenous capacity to form hydroxyl radical as assessed by spinning trapping. Clin. Res. 36:452A, 1988
- **Coffman, TJ,** Cohen Ms, Mcgowan SE, Adelberg DR, Britigan BE. Free radical production of human moncyte-derived and pulmonary alveolar macrophages and the impact of y-interferon assessed by spin trapping. Proceedings of the 28th Interscience conference on Antimicrobial Agents and Chemotherapy, p. 160, 1988

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ABSTRACTS CONT.

- Kaiser DL, Bilar J, **Coffman TJ,** Adams IIP. Neurologic complications of prosthetic valve endocarditis. Am. Neurol. Assoc
- **Coffman TJ,** Buettner GR, Hamill DR, Britigan BE. The pseudomonas siderophore pyochelin can function as a hydroxyl radical catalyst Clin. Res., 37:426, 1989
- **Coffman TJ,** Buettner GR, Hamill DR, Britigan BE. An improved spin trapping system for assessment of Neutrophil hydroxyl radical formation using DMSO and phenyl-N-burtylnitrone, Clin. Res., 37:908A, 1989

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EXHIBIT B

INDEX
OF
DOCUMENTS SENT TO EXPERT THOMAS COFFMAN, M.D.

NO	DATE	DESCRIPTION	SOURCE CODES
		Pocatello Care & Rehab Center	
1.	10/1/09	Verified Complaint and Demand for Jury Trial	
2.	Undated	Pg w/Patient Name and No	PCRC 1
3.	08/25/07	Record of Admission. **Pocatello Care & Rehab**	PCRC 5
4.	varies	Consents. **Pocatello Care & Rehab**	PCRC 152, 521-529
5.	08/29/07	Identification of Parties to this Agreement. **Pocatello Care & Rehab**	PCRC 16-17
6.	12/03/07	Instructions for Patients Discharged Home. **Pocatello Care & Rehab**	PCRC 66-67
7.	12/03/07	Patient Change Form. **Pocatello Care & Rehab**	PCRC 531
8.	12/04/07	Discharge Summary. **Pocatello Care & Rehab**	PCRC 65
9.	12/04/07	Discharge Tracking Form. **Pocatello Care & Rehab**	PCRC 318
10.	08/25/07	Comprehensive Resident Assessment. **Pocatello Care & Rehab**	PCRC 373-374
11.	08/25/07	Initial Care Plan. **Pocatello Care & Rehab**	PCRC 310-314
12.	08/25/07	Facility Standing Orders. **Pocatello Care & Rehab**	PCRC 111
13.	08/27/07-12/03/07	Physician Orders. **Pocatello Care & Rehab**	PCRC 98-109
14.	08/27/07-12/03/07	Physician Progress Notes. **Pocatello Care & Rehab**	PCRC 73-82
15.	11/08/07, 11/20/07	Physician Referrals. **Pocatello Care & Rehab**	PCRC 89, 91, 95
16.	08/25/07-11/16/07	Progress Notes. **Pocatello Care & Rehab**	PCRC 250-283
17.	11/07/01-12/03/07	Skilled/Alert Charting. **Pocatello Care & Rehab**	PCRC 198-249
18.	08/25/07-12/12/07	Vital Signs Flowsheets. **Pocatello Care & Rehab**	PCRC 69-71
19.	08/25/07-11/25/07	Weight Log. **Pocatello Care & Rehab**	PCRC 72
20.	10/24/07	Hypertension Record. **Pocatello Care & Rehab**	PCRC 301
21.	08/25/07-11/30/07	Medication/Narcotic Records. **Pocatello Care & Rehab**	PCRC 96-97, 112-120, 125-149, 416-417, 432-507
22.	08/25/07-08/27/07	Skin Integrity, Actual or Potential. **Pocatello Care & Rehab**	PCRC 316, 392

NO	DATE	DESCRIPTION	SOURCE CODES
23.	09/07-12/07	Weekly Skin Assessments. **Pocatello Care & Rehab**	PCRC 393-395, 400-401, 410-415, 418-421, 423-426
24.	08/25/07-11/21/07	Braden Scale – For Predicting Pressure Sore Risk. **Pocatello Care & Rehab**	PCRC 377, 402-403
25.	08/27/07-10/22/07	Non-Pressure Ulcer Site Sheets. **Pocatello Care & Rehab**	PCRC 405-422
26.	08/25/07, 11/21/07	Comprehensive Pain Assessment Forms. **Pocatello Care & Rehab**	PCRC 378-381
27.	08/29//07-12/04/07	Activity Flow Charts / Assessments. **Pocatello Care & Rehab**	PCRC 150-151, 427-431
28.	08/07-09/07	Plan of Treatment for Outpatient Rehabilitation. **Pocatello Care & Rehab**	PCRC 285-286, 295-296
29.	08/27/07-09/27/07	Physical Therapy Progress Notes. **Pocatello Care & Rehab**	PCRC 287-292
30.	08/07-09/07	Physical Therapy /Occupational Daily Treatment Grid. **Pocatello Care & Rehab**	PCRC 293-294, 299-300
31.	08/27/07-09/12/07	Occupational Therapy Progress Notes/Weekly Summary. **Pocatello Care & Rehab**	PCRC 297-298
32.	08/25/07-12/03/07	Patient Change Forms. **Pocatello Care & Rehab**	PCRC 10-12
33.	08/30/07	Personal and Other Property Inventories. **Pocatello Care & Rehab**	PCRC 15, 532
34.	08/28/07-11/20/07	Medicare Certification and Recertification. **Pocatello Care & Rehab**	PCRC 123-124
35.	undated	Cumulative Diagnosis – Goals of Medication Therapy. **Pocatello Care & Rehab**	PCRC 68
36.	undated	Exercise Worksheet. **Pocatello Care & Rehab**	PCRC 284
37.	08/29/07-08/30/07	Interdisciplinary Care Plan. **Pocatello Care & Rehab**	PCRC 302-309, 315, 317
38.	09/07-11/07	Medicare Basic Assessment Tracking Form. **Pocatello Care & Rehab**	PCRC 319-364
39.	09/04/07	RAP Summary. **Pocatello Care & Rehab**	PCRC 365-369
40.	08/29/07	SVC – Compressed ADL Report. **Pocatello Care & Rehab**	PCRC 370
41.	10/07	Immunization Record. **Pocatello Care & Rehab**	PCRC 371
42.	08/25/07, 11/21/07	Bladder / Bowel Assessments. **Pocatello Care & Rehab**	PCRC 375-376, 382
43.	08/25/07, 11/21/07	Elopement Risk Assessment. **Pocatello Care & Rehab**	PCRC 383, 391
44.	08/25/07	Fall Risk Assessment. **Pocatello Care & Rehab**	PCRC 384-385
45.	undated	Full Body Motion Screening. **Pocatello Care & Rehab**	PCRC 386-388
46.	08/25/07	Pre-Restraint/Device Assessment. **Pocatello Care & Rehab**	PCRC 389-390
47.	08/27/07-11/26/07	Nutrition Documentation. **Pocatello Care & Rehab**	PCRC 508-13

NO	DATE	DESCRIPTION	SOURCE CODES
48.	08/26/07-12/03/07	Behavior Assessments. **Pocatello Care & Rehab**	PCRC 514-515
49.	08/28/07, 11/06/07	Interdisciplinary Team Conference. **Pocatello Care & Rehab**	PCRC 516, 530
50.	08/26/07	Social Work Assessment. **Pocatello Care & Rehab**	PCRC 517-518
51.	11/16/07	Resident Education Documentation (re: wound covering). **Pocatello Care & Rehab**	PCRC 396-399
52.	11/27/07	Pathology Report (skin biopsy). **IDX Pathology**	PCRC 92
53.	11/30/07	Notice of Medicare Provider Non-Coverage. **Pocatello Care & Rehab**	PCRC 519-520
54.		Resident Census History. **Pocatello Care & Rehab**	PCRC 2
55.		Insurance Info	PCRC 9, 18, 13, 19
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56.	08/21/07	Admission Records. **Portneuf Medical Center**	PCRC 6, 8
57.	08/21/07	History & Physical. **Portneuf Medical Center - Brandon Mickelsen, M.D.** **(also handwritten note by Ryan Zimmerman, M.D.)**	PCRC 159-162, 166-167, 169-170
58.	08/21/07	ISU Student Ed Worksheet. **Portneuf Medical Center**	PCRC 168
59.	08/23/07	Consultation Report. **Portneuf Medical Center – Kenneth Newhouse, M.D.**	PCRC 163-165,
60.	08/23/07-08/24/07	Progress Note. **Portneuf Medical Center**	PCRC 173
61.	08/24/07	Pre-Admission Screening / Resident Review. **Portneuf Medical Center**	PCRC 7
62.	08/24/07	Advanced Directives / Living Will	PCRC 153-158
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64.	11/12/09	Pathology Report. **Portneuf Medical Center**	PCRC 178-182
65.	08/28/07-12/03/07	Laboratory Reports. **Portneuf Medical Center**	PCRC 176-77, 183-197
66.	08/29/07	Advanced Medicare Bed Placement. **Portneuf Medical Center**	PCRC 14
67.	11/13/07-12/03/07	Rx . **Portneuf Medical Center - Michael Baker, M.D.**	PCRC 84, 88, 94
68.	11/20/07-12/03/07	Follow-up Notes **Wound Care & Hyperbaric Center- Portneuf Medical Center**	PCRC 83, 86, 93
69.	11/20/07-11/27/07	Hyperbarics Oxygen Would Care Flow Sheet	PCRC 85, 87, 90
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72.		Blue Cross EOB's and Payments	PCRC 45-51
73.		Resident Cash Receipts Report	PCRC 3
74.		Resident Aging Summary	PCRC 4
75.	11/07/07	Grievance-Complaint Rpt	PCRC 535

NO	DATE	DESCRIPTION	SOURCE CODES
76.	2007	Employee In-service Logs	PCRC 536-537, 545-547
77.	2007	In-service Training Reports	PCRC 538-540
78.		Instructions for RTD Dressing	PCRC 541-542
79.	2007	Using Universal Precautions	PCRC 543-544
80.	07/07 – 08/07	Education Attendance Records	PCRC 548, 550
81.	07/19/07	In-Service training by Laree Dunn	PCRC 549
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86.		Infection Control Policy - Hand Washing	PCRC 560
87.		Floor Plan	PCRC 561
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88.	06/19/09, 06/26/09	Chart Notes. **Rocky Mountain Artificial Limb & Brace, Inc.**	RMALB 2
89.	6/19/09	Product Delivery Form. **Rocky Mountain Artificial Limb & Brace, Inc.**	RMALB 7
90.	6/19/09	Fax Correspondence to/from Linda Babbitt, M.D. **from/to Rocky Mountain Artificial Limb & Brace, Inc. – Joani**	RMALB 8
91.	01/25/10	Fax Correspondence to HFOB. **from/to Rocky Mountain Artificial Limb & Brace, Inc.**	RMALB 1
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92.	02/07/08, 02/14/08	Physician Telephone Orders **Creekside Home Health**	IMC 2-3
93.	06/15/09	Laboratory Reports. **Intermountain Medical Center**	IMC 4-6
94.	06/12/09	Laboratory Reports. **LabCorp**	IMC 8-13
95.	06/16/09-07/17/09	Laboratory Reports. **Portneuf Medical Center**	IMC 14-30
96.		Blank Account Balance	IMC 7
97.	02/03/10	Billing to HFOB	IMC 1
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98.	11/02/05	Initial Evaluation, Registration & Testing **Portneuf Wound Care & Hyperbarics Center – Michael S. Baker, M.D.**	IWCH 133, 136-137, 159, 285
99.	11/07/05 – 5/08/06, 11/09/07 – 3/20/08, 04/21/09-08/05/09	Office Notes. **Portneuf Wound Care & Hyperbarics Center – Charles O. Garrison, M.D., Michael J. Gregson, M.D., Michael S. Baker, M.D.**	IWCH 1-2, 9-36, 65-73, 134-136, 138-150, 152, 154-155, 157-158, 165, 167, 170, 172, 174, 176, 178, 181-182, 184, 193

NO	DATE	DESCRIPTION	SOURCE CODES
100.	11/02/05 - 05/08/06, 11/09/07 - 03/18/08, 04/09/09 - 05/13/09	Wound Care Flow Sheet. **Portneuf Wound Care & Hyperbarics Center – Charles O. Garrison, M.D., Michael J. Gregson, M.D., Michael S. Baker, M.D.**	IWCH 52-63
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104.	11/09/07	Oxygenation Testing Report.	IWCH 130-132
105.	12/10/07	Biologic Dressing Placement Check List. **Portneuf Wound Care & Hyperbarics Center**	IWCH 173
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113.	8/21/07	Radiology Report (Left Lower Extremity Arteries Ultrasound). **Portneuf Medical Center – Chris Bachman, M.D.**	IWCH 262
114.	8/21/07	Radiology Report (Left Lower Extremity Venous Ultrasound). **Portneuf Medical Center**	IWCH 263
115.	11/29/07	Radiology Report (Bilateral Lower Extremity Venous Doppler Ultrasound). **Portneuf Medical Center – Chris Bachman, M.D.**	IWCH 267
116.	3/17/08	Radiology Report (MRI Left Foot w/o and w/ Contrast). **Portneuf Medical Center**	IWCH 268-269, 271
117.	3/17/08	Radiology Report (Left Foot, Three Views). **Portneuf Medical Center**	IWCH 270

NO	DATE	DESCRIPTION	SOURCE CODES
118.	8/21/07 – 11/30/07	Records. **Pocatello Care & Rehabilitation**	IWCH 163-164, 276-282
119.	3/27/06	Fax Correspondence to Diagnostic Imaging **from Idaho Hyperbarics & Wound Care Center – Michael S. Baker, M.D.**	IWCH 161-162
120.	8/21/07	Fax Referral Form to PMC Hyperbarics/Wound Care **from HealthWest Pocatello Clinic – Ty Salness, M.D.**	IWCH 283
121.	11/13/07-08/06/09	Misc Orders **from Portneuf Wound Care & Hyperbaric Clinic – Michael S. Baker, M.D.**	IWCH 79-80, 92, 120-121, 128-129
122.	11/27/07	Fax Order to Pocatello Care & Rehabilitation **from Portneuf Wound Care & Hyperbaric Clinic – Michael S. Baker, M.D.**	IWCH 123-125
123.	11/28/07	Fax Order to Portneuf Medical Center Radiology Department **from Portneuf Wound Care & Hyperbaric Clinic – Michael S. Baker, M.D.**	IWCH 265-266
124.	11/30/07	Chart Note **from Kenneth E. Newhouse, M.D.**	IWCH 284
125.	12/19/07	Fax Order to Creekside Home Health **from Portneuf Wound Care & Hyperbaric Clinic – Michael S. Baker, M.D.**	IWCH 126-127
126.	02/19/08-03/18/08	Physician Order/Referral. **Portneuf Wound Care & Hyperbaric Clinic – Michael S. Baker, M.D.**	IWCH 187-192
127.	04/15/09	Discharge Summary. **Portneuf Medical Center – Lida J. Ogden, M.D.**	IWCH 272-275
128.	04/15/09	Discharge Summary. **Pocatello Family Medicine – Lida J. Ogden, M.D.**	IWCH 74-77
129.	04/22/09-08/05/09	Fax Orders to Access Home Health **from Portneuf Wound Care & Hyperbaric Clinic**	IWCH 78, 81-84, 86-87, 89-90
130.	08/05/09	Refill Request to Dr. Baker from **MAAG Pres & Medical Supply**	IWCH 91
131.	8/18/09	Chart Summary to Idaho Wound Care & Hyperbaric Clinic **from Pocatello Family Medicine**	IWCH 100
132.	08/19/09	Fax to Cooper & Larsen **from Pocatello Family Medicine**	IWCH 116-117
133.	05/24/09-11/20/09	Faxes to Dr. Baker **from Access Home Health**	IWCH 85, 88, 118-119
134.	11/07/07-08/14/09	Correspondence to Portneuf Wound Care & Hyperbarics (records requests). **from Cooper and Larsen – James Ruchti**	IWCH 286-303
135.		Misc Fax Confirmation Sheets	IWCH 122, 264
THE ORTHOPEDIC SPECIALTY CLINIC			
136.	5/09/08-07/09/08	Office Visits. **The Orthopedic Specialty Clinic – Nathan Momberger, M.D.**	OSC 2-8
137.	05/12/08	Operative Report (R Hip) **Intermountain Medical Center – Nathan G. Momberger, M.D.**	OSC 15-18
138.	06/23/08	Operative Report (R Knee) **Intermountain Medical Center – Nathan G. Momberger, M.D.**	OSC 9-14

NO	DATE	DESCRIPTION	SOURCE CODES
139.	02/04/10	Fax to HFOB	OSC 1
		IDAHO PROSTHETICS & ORTHOTICS	
140.	8/06/08, 10/01/08	Progress Note. **Idaho Prosthetics & Orthotics**	IPO 2
141.	10/01/08	Proof of Delivery and Satisfaction **Idaho Prosthetics & Orthotics**	IPO 4
142.	07/10/08	Intake/Admit Form **Creekside Home Health**	IPO 1
143.	09/09/04	Prescription **Pocatello Family Medicine – Ryan Zimmerman, M.D.**	IPO 3
		ASPEN RIDGE TRANSITIONAL REHAB	
144.	5/19/08	Patient Information. **Aspen Ridge Transitional Rehab**	ARTR 1
145.	5/19/08	Physician Admit Order. **Aspen Ridge Transitional Rehab**	ARTR 105-106
146.	5/20/08	Consents. **Aspen Ridge Transitional Rehab**	ARTR 42, 224
147.	Undated		ARTR 5
148.	5/19/08	Post Discharge Plan of Care and Summary. **Aspen Ridge Transitional Rehab**	ARTR 40-41
149.	6/32/08	Discharge Tracking Form. **Aspen Ridge Transitional Rehab**	ARTR 43-44
150.	5/19/08	Admit Nursing Assessment. **Aspen Ridge Transitional Rehab**	ARTR 140-143
151.	5/20/08	Patient Assessment. **Aspen Ridge Transitional Rehab – Charles O. Canfield, M.D.**	ARTR 76-77
152.	5/20/08	Social History and Admit Assessment. **Aspen Ridge Transitional Rehab**	ARTR 221-223
153.	5/29/08	Nutritional Assessment. **Aspen Ridge Transitional Rehab**	ARTR 229-230
154.	5/22/08	Bowel & Bladder Assessment. **Aspen Ridge Transitional Rehab**	ARTR 34-37
155.	5/27/08	Initial Activity Assessment. **Aspen Ridge Transitional Rehab**	ARTR 236-237
156.	5/19/08	Fall Risk Assessment. **Aspen Ridge Transitional Rehab**	ARTR 30-31
157.	5/19/08	Risk Assessment for Abuse, Neglect & Exploitation. **Aspen Ridge Transitional Rehab**	ARTR 38-39
158.	5/19/08	Physician Order for Life Sustaining Treatment. **Utah Department of Health / Aspen Ridge Transitional Rehab**	ARTR 6-7
159.	5/19/08	AIMS Examination. **Aspen Ridge Transitional Rehab**	ARTR 225-226
160.	5/23/08	Psychopharmacological Medication Review. **Aspen Ridge Transitional Rehab**	ARTR 227-228
161.	5/19/08-6/06/08	Interim Care Plan. **Aspen Ridge Transitional Rehab**	ARTR 17-29
162.	5/23/08	Standing Orders. **Aspen Ridge Transitional Rehab**	ARTR 107

NO	DATE	DESCRIPTION	SOURCE CODES
163.	5/19/08-5/23/08	Physician Orders. **Aspen Ridge Transitional Rehab – Charles O. Canfield, M.D.**	ARTR 112-113
164.	5/20/08-6/20/08	Physician Progress Notes. **Aspen Ridge Transitional Rehab**	ARTR 114-117
164. A	5/20/08-6/20/08	Physician Order Collection Sheet. **Aspen Ridge Transitional Rehab**	ARTR 80-897
165.	5/20/08-6/20/08	Temporary Care Plan Collection Sheet. **Aspen Ridge Transitional Rehab**	ARTR 8-16
166.	5/19/08-6/23/08	Interdisciplinary Progress Notes. **Aspen Ridge Transitional Rehab**	ARTR 126-139
167.	5/19/08-6/22/08	Vital Signs & Weight Record. **Aspen Ridge Transitional Rehab**	ARTR 122-125
168.	5/19/08-6/05/08	Medication Administration Record. **Aspen Ridge Transitional Rehab**	ARTR 150-163
169.	5/19/08-6/16/08	Narcotic Record. **Aspen Ridge Transitional Rehab *(Superior Care Pharmacy)***	ARTR 180-192
170.	6/03/08	Medication Regimen Review. **Aspen Ridge Transitional Rehab**	ARTR 195-196
171.	5/19/08-6/19/08	Treatment Sheet. **Aspen Ridge Transitional Rehab**	ARTR 164-171
172.	4/30/08, 6/30/08	Nursing Assignment Sheets. **Aspen Ridge Transitional Rehab**	ARTR 172-179
173.	5/19/08	Physical Therapy Evaluation / Plan of Care. **Aspen Ridge Transitional Rehab**	ARTR 220
174.	5/23/08	Occupational Therapy Evaluation / Plan of Care. **Aspen Ridge Transitional Rehab**	ARTR 218-219
175.	5/26/08-6/22/08	Physical Therapy Weekly Evaluation. **Aspen Ridge Transitional Rehab**	ARTR 213-217
176.	5/26/08-6/22/08	Occupational Therapy Weekly Evaluation. **Aspen Ridge Transitional Rehab**	ARTR 208-212
177.	5/22/08-6/19/08	Weekly IDT Review. **Aspen Ridge Transitional Rehab**	ARTR 144-148
178.	5/27/08	Nutrition Progress Note. **Aspen Ridge Transitional Rehab**	ARTR 231
179.	5/22/08	PT/INR Record. **Aspen Ridge Transitional Rehab**	ARTR 149
ALPINE MEDICAL GROUP ANESTHESIA SERVICES			
180.	04/02/08	Admitting Facesheet	AMG 1
181.	04/02/08	Patient Information	AMG 2
182.	04/02/08	Consent	AMG 3
183.	04/02/08	History & Physical / Anesthesia Plan **Salt Lake Regional Medical Center**	AMG 4
184.	04/02/08	Preoperative Record	AMG 5-10
185.	04/02/08	Intraoperative Record	AMG 11-19
186.	04/02/08	Operative Report (BKA) **Salt Lake Regional Medical Center – David J. Howe, M.D.**	AMG 20-21
187.	04/02/08	Anesthesia Record **Salt Lake Regional Medical Center**	AMG 22

NO	DATE	DESCRIPTION	SOURCE CODES
188.	04/02/08	Post-Operative Anesthesia Orders	AMG 24-25
189.	04/02/08	Post-Op Surgical Note/Post Procedure **Salt Lake Regional Medical Center**	AMG 27
190.	04/02/08	Surgery Scheduling Form **Salt Lake Regional Medical Center**	AMG 26
191.	04/02/08	Laboratory Report **Salt Lake Regional Medical Center**	AMG 28
192.	04/02/08	ECG Strip	AMG 29
193.	04/03/08	Pathology Report **Salt Lake Regional Medical Center – David A. Gallegos, M.D.**	AMG 23
		HUGH S. SELZNICK	
194.	2/23/09-01/11/10	Clinic Notes. **Idaho Physicians Clinic – Hugh S. Selznick, M.D.**	HS 1-6
195.	2/23/09	Radiology Report (Pelvis, L Hip, L Knee). Bingham Memorial Hospital & Extended Care Facility – D.J. Marc Cardinal, M.D.	HS 7
		PORTNEUF MEDICAL CENTER	
196.	11/05/05	Clinical Laboratory Requisition. **Portneuf Medical Center – (ordered by Charles Garrison, D.O.)**	PMC 598
197.	11/02/05	Pathology Report (Anaerobic Culture). **Portneuf Medical Center**	PMC 599
198.	11/02/05	Pathology Report (Aerobic Culture). **Portneuf Medical Center**	PMC 600
199.	11/02/05	Admit Face Sheet (MRIs). **Portneuf Medical Center**	PMC 597
200.	11/22/05	Consent to Treatment. **Portneuf Medical Center**	PMC 589-590, 631-632
201.	11/22/05	MRI Report (Cervical Spine w/o Contrast). **Portneuf Medical Center – Chris Bachman, M.D. (ordered by Benjamin Blair, M.D.)**	PMC 591-592, 633-634
202.	11/22/05	MRI Report (Lumbar Spine, No Contrast). **Portneuf Medical Center – Chris Bachman, M.D. (ordered by Benjamin Blair, M.D.)**	PMC 593-594, 635-636
203.	11/22/05	Admit Face Sheet (MRIs). **Portneuf Medical Center**	PMC 588, 630
204.	12/16/05	Clinical Laboratory Requisition. **Portneuf Medical Center – (ordered by Charles Garrison, D.O.)**	PMC 596
205.	12/16/05	Pathology Report (Anaerobic Culture). **Portneuf Medical Center**	PMC 602
206.	12/16/05	Pathology Report (Aerobic Culture). **Portneuf Medical Center**	PMC 601
207.	12/16/05	Admit Face Sheet. **Portneuf Medical Center**	PMC 595
208.	8/21/07	Paramedic Record. **Bannock County Ambulance – Rod Anderson**	PMC 484-485
209.	8/21/07	Photos. **Portneuf Medical Center**	PMC 483
210.	8/21/07	Emergency Record. **Portneuf Medical Center – Eric Whiteside, RN, Triage Nurse**	PMC 486-490, 581-587
211.	8/21/07	ER Copy Consent to Medical/ Surgical Treatment. **Portneuf Medical Center**	PMC 448

NO	DATE	DESCRIPTION	SOURCE CODES
212.	8/21/07	ER Medication and Lab Result Notes. **Portneuf Medical Center – Andy Bradbury, M.D., and Glen Buck, LPN**	PMC 491-492
213.	8/21/07	ER Copy of Correspondence b/t Dr. Salness and Maurice Schwarz, RN w/ Plan of Care and Home Visits. **Southeastern District Health Department Home Health**	PMC 562-580
214.	8/21/07 – 8/24/07	ER Copy Progress Notes and ISU Student ED Worksheet. **Portneuf Medical Center**	PMC 511-513
215.	8/21/07	Admission Documents. **Portneuf Medical Center –**	PMC 527-529
216.	8/21/07	Consents & Rights to Treatment Decisions. **Portneuf Medical Center**	PMC 463-465, 470
217.	8/21/07	History & Physical. **Portneuf Medical Center - Brandon Mickelson, D.O., attended by Jonathon Cree, M.D.**	PMC 474-477
218.	8/23/07	Consultation. **Portneuf Medical Center – Kenneth E. Newhouse, M.D.**	PMC 480-482
219.	8/25/07	Discharge Summary. **Portneuf Medical Center – Ryan Zimmerman, M.D., attended by Jonathon Cree, M.D. and Dan Jones, M.D.**	PMC 466-468
220.		Medication Reconciliation Discharge Form. **Portneuf Medical Center**	PMC 469
221.	8/22/07 – 8/24/07	Discharge Planning Notes. **Portneuf Medical Center – Vivian Street**	PMC 514-515
222.	8/21/07	Medical / Surgical Kardex. **Portneuf Medical Center –**	PMC 555-560
223.	8/21/07 – 8/23/07	Laboratory Reports. **Portneuf Medical Center**	PMC 452-458, 603-605
224.	8/25/07	Laboratory Cumulative Summary Report (8/21/07-8/25/07). **Portneuf Medical Center**	PMC 493-498
225.	8/21/07 – 8/23/07	Radiology Reports (Left Lower Extremity Venous Ultrasound, Left Lower Arteries Ultrasound, Fluoroscopic Needle). **Portneuf Medical Center – Chris Bachman, M.D. and George Stephens, M.D.**	PMC 499, 608-609
226.	8/21/07 – 8/25/07	Physician's Orders. **Portneuf Medical Center – Brandon Mickelson, M.D., Ryan Zimmerman, M.D., Kenneth Newhouse, M.D.**	PMC 502, 505-506, 450-451
227.	8/22/07	Physician's Orders / Diabetes Management. **Portneuf Medical Center – Ryan Zimmerman, M.D.**	PMC 503-504
228.	8/21/07	ISU Student Ed Worksheet – Faculty Admit/Progress Note. **Portneuf Medical Center –**	PMC 478-479
229.	8/22/07 – 8/24/07	Interdisciplinary Progress Notes. **Portneuf Medical Center – Ryan Zimmerman, M.D.**	PMC 507-510
230.	8/21/07 – 8/25/07	Vitals Graph. **Portneuf Medical Center**	PMC 526
231.	8/22/07 – 8/25/07	Blood Glucose Graph. **Portneuf Medical Center**	PMC 525

NO	DATE	DESCRIPTION	SOURCE CODES
232.	8/21/07 -	Medical/ Surgical/ Interdisciplinary Patient/Family Educational Record. **Portneuf Medical Center – Mia Christensen**	PMC 530-531
233.	8/21/07 – 8/25/07	Medical/ Surgical Nurses' Progress Notes. **Portneuf Medical Center**	PMC 532-553
234.	8/21/07 – 8/25/07	Medication Administration Record. **Portneuf Medical Center**	PMC 516-524
235.	8/21/07	Patient Event Logs (Lab Report, All Untimed Notes, and Medications). **Portneuf Medical Center**	PMC 459-461
236.	8/21/07 – 8/24/07	Medicare Inpatient / Discharge Rights. **Department of Health & Human Services**	PMC 471-472
237.	8/25/07	Patient Belongings. **Portneuf Medical Center**	PMC 554
238.	8/24/07	Pre-Admission Screening/ Resident Review – for Pocatello Care & Rehab. **Portneuf Medical Center**	PMC 473
239.	8/21/07	ER and Inpatient Admit Face Sheets. **Portneuf Medical Center**	PMC 447, 449, 462
240.	08/21/07	Pneumococcal/Influenza Inpatient Immunization Protocol	PMC 500-501
241.	Undated	Fax Cover Sheet Sent to Pocatello Care & Rehab **from Portneuf Medical Center – Vivian Street, RN**	PMC 561
242.	8/27/07	Clinical Summary – RN/MA Notes. **Portneuf Medical Center**	PMC 637
243.	8/27/07 (1646 hrs)	Radiology Report (Chest Portable, 1-View). **Portneuf Medical Center**	PMC 607
244.	8/27/07 (1805 hrs)	Radiology Report (Chest Portable, 1-View). **Portneuf Medical Center**	PMC 606
245.	11/09/07	Clinical Laboratory Requisitions. **Portneuf Medical Center**	PMC 441
246.	11/12/07	Pathology Report (Anaerobic Culture). **Portneuf Medical Center**	PMC 442
247.	11/12/07	Pathology Report (Aerobic Culture). **Portneuf Medical Center**	PMC 610-612
248.	11/09/07	Admit Face Sheet. **Portneuf Medical Center**	PMC 440, 443
249.	11/07/07	Correspondence to PMC from Cooper & Larson (requesting records)	PMC 618-619
250.	11/27/07	Clinical Laboratory Requisition. **Portneuf Medical Center**	PMC 444
251.	11/30/07	Pathology Report (Anaerobic Culture). **Portneuf Medical Center**	PMC 446
252.	11/30/07	Pathology Report (Aerobic Culture). **Portneuf Medical Center**	PMC 445
253.	11/29/07	Radiology Report (Bilateral Lower Extremity Venous Doppler Ultrasound. **Portneuf Medical Center**	PMC 613
254.	11/29/07	Consents. **Portneuf Medical Center**	PMC 438-439
255.	11/29/07	Admit Face Sheet. **Portneuf Medical Center**	PMC 437
256.	1/17/08	Clinical Laboratory Requisition. **Portneuf Medical Center**	PMC 434

NO	DATE	DESCRIPTION	SOURCE CODES
257.	1/20/08	Pathology Report (Aerobic Culture). **Portneuf Medical Center**	PMC 435-436
258.	3/16/08	Pathology Report (Anaerobic Culture). **Portneuf Medical Center**	PMC 614
259.	3/17/08	Pathology Report (Aerobic Culture). **Portneuf Medical Center**	PMC 615-616
260.	1/01/08	Admit Face Sheet. **Portneuf Medical Center**	PMC 433
261.	3/17/08	Consent. **Portneuf Medical Center**	PMC 428-429
262.	3/17/08	Radiology Report (L Foot, 3 Views). **Portneuf Medical Center – Allen Eng, M.D.**	PMC 430-431
263.	3/17/08	Radiology Report (MRI L Foot). **Portneuf Medical Center -Matthew Williamson, D.O.**	PMC 432, 422, 617
264.	3/17/08	Admit Face Sheet. **Portneuf Medical Center**	PMC 427
265.	3/20/08	Consents & Rights to Treatment Decisions. **Portneuf Medical Center**	PMC 366-367, 377, 390
266.	3/20/08	Medication Reconciliation Admission Form. **Portneuf Medical Center**	PMC 394
267.	3/20/08	History & Physical. **Portneuf Medical Center – Yolanda Rodriguez, M.D., attended by Jack Routson, M.D.**	PMC 383-385
268.	3/21/08	Physical Therapy Wound Evaluation. **Portneuf Medical Center – Yolanda Rodriguez, M.D. and Michael Baker, M.D.**	PMC 408-411
269.	3/21/08	Discharge Summary. **Portneuf Medical Center – Yolanda Rodriguez, M.D., attended by Jack Routson, M.D.**	PMC 368-370
270.	3/20/08 – 3/24/08	Discharge Planning Notes. **Portneuf Medical Center – Richard Gibson**	PMC 404-405, 406-407
271.	3/21/08	Discharge Instructions (Doctor's Signature). **Portneuf Medical Center**	PMC 374-376
272.	3/24/08	Discharge Instructions (RN Signature). **Portneuf Medical Center**	PMC 371-373
273.	3/17/08	Pathology Reports. **Portneuf Medical Center**	PMC 415-418
274.	3/13/08	Laboratory Report. **LabCorp**	PMC 419-420
275.	3/20/08-3/24/08	Laboratory Cumulative Summary Report. **Portneuf Medical Center**	PMC 388-389
276.	3/20/08	Labs Report (Hematology / Chemistry). **Portneuf Medical Center**	PMC 261
277.	3/20/08	Radiology Report (Chest, 1 View). **Portneuf Medical Center – Steven Larsen, M.D.**	PMC 391, 426
278.	3/20/08 – 3/21/08	Physician's Orders. **Portneuf Medical Center –Jack Routson, M.D. and Michael Baker, M.D.**	PMC 395-399
279.	3/20/08	ISU Student Ed Worksheet – Faculty Admit/Progress Note. **Portneuf Medical Center –**	PMC 386-387
280.	3/20/08	Inpatient Vaccination Order. **Portneuf Medical Center – M. Jenkins, RN**	PMC 392-393

NO	DATE	DESCRIPTION	SOURCE CODES
281.	3/21/08	Interdisciplinary Progress Notes. **Portneuf Medical Center**	PMC 400-403
282.	3/20/08 – 3/24/08	All Timed/ Untimed Notes and Flowsheets. **Portneuf Medical Center**	PMC 262-364
283.	3/20/08	Medicare Inpatient / Discharge Rights. **Department of Health & Human Services**	PMC 378-379
284.	3/24/08	Transfer Documents (to Promise Hospital – Dr. Wendy Taylor). **Portneuf Medical Center – Yolanda Rodriguez, M.D.**	PMC 380-382
285.	3/20/08	Patient Valuables Envelope. **Portneuf Medical Center – accepted by Audrey Chandler**	PMC 412
286.	3/20/08	Admit Face Sheet (left foot infection). **Portneuf Medical Center**	PMC 365
287.	Undated	Wound Guide, Assessment and Plan of Treatment. Admit Face Sheet. **Portneuf Medical Center**	PMC 383-385
288.	3/18/08	Office Visit. **Portneuf Wound Care & Hyperbarics Center**	PMC 421, 423
289.	3/13/08	Care Plan and Nursing Note. **Creekside Home Health**	PMC 424-425
290.	3/13/08	Laboratory Report sent to Hyperbarics **from Creekside Home Health (LabCorp)**	PMC 418
291.	3/21/08	Fax Cover Sheet to Promise Hospital **from Portneuf Medical Center**	PMC 413-414
292.	4/09/09	Paramedic Record. **Bannock County Ambulance – Leon Holmes, Primary EMT**	PMC 24-25
293.	4/09/09	Emergency Department Report. **Portneuf Medical Center**	PMC 28-29
294.	4/09/09 – 4/15/09	Emergency Department Records (Patient Primary, Consult, Medication Reconciliation. **Portneuf Medical Center – Ken Ryan, M.D., Bambi Fowler, Primary RN**	PMC 31-38, 200-206
295.	4/09/09	Emergency Flow Sheet Record. **Portneuf Medical Center**	PMC 30
296.	4/09/09	Emergency Department Admission Holding Orders. **Portneuf Medical Center**	PMC 219
297.	4/09/09	Adult DVT/VTE Prophylaxis Screening and Orders. **Portneuf Medical Center**	PMC 220-221
298.	4/10/09	Medication Reconciliation Form. **Portneuf Medical Center**	PMC 216
299.	4/09/09 – 4/13/09	Consents and Right to Treatment Decisions. **Portneuf Medical Center**	PMC 21-22, 182-183, 192, 213
300.	4/09/09	History & Physical. **Portneuf Medical Center – Steven Coker, M.D.**	PMC 178-180
301.	4/09/09	Consultation. **Portneuf Medical Center – Lida J. Ogden, M.D. and Dr. Sandra Hoffman**	PMC 174-177
302.	4/14/09	Physical Therapy Wound Evaluation. **Portneuf Medical Center – Stephen Coker, M.D.**	PMC 253-254

NO	DATE	DESCRIPTION	SOURCE CODES
303.	4/15/09	Discharge Summary. **Portneuf Medical Center – Lida J. Ogden, M.D.**	PMC 15-18
304.	4/09/09 – 4/15/09	Discharge Planning Notes. **Portneuf Medical Center – Vivian Street, RN**	PMC 251-252
305.	Undated	Discharge Instructions (Unsigned). **Portneuf Medical Center**	PMC 164-167
306.	4/15/09	Discharge Instructions (Doctor's Signature). **Portneuf Medical Center – Lida Ogden, M.D.**	PMC 184-187
307.	4/15/09	Discharge Instructions (Nurse's Signature). **Portneuf Medical Center – Brittany Ward, RN**	PMC 188-191
308.	4/09/09 – 4/15/09	Laboratory Cumulative Summary Report. **Portneuf Medical Center**	PMC 207-212
309.	4/09/09	Radiology Report (X-Ray Pelvis, 1-2 Views). **Portneuf Medical Center – Chris Bachman, M.D.**	PMC 26-27
310.	4/13/09	Radiology Report (X-Ray Chest, 1 View). **Portneuf Medical Center – Allen Eng, M.D.**	PMC 19
311.	4/09/09	ECG Strip. **Portneuf Medical Center – Reviewed by Dr. Routson**	PMC 23, 214-215
312.	4/09/09 – 4/15/09	Physician's Orders. **Portneuf Medical Center – Steven Coker, M.D. and Lida J. Ogden, M.D.**	PMC 222, 225, 228, 233-234, 238-240
313.	4/09/09 – 4/13/09	Physician's Orders – Adult Diabetes Management. **Portneuf Medical Center**	PMC 223-224, 226-227, 229-232, 235-236
314.	4/13/09	Physician's Orders – Infusion Therapy. **Portneuf Medical Center -**	PMC 237
315.	4/10/09	Inpatient Vaccination Order. **Portneuf Medical Center – J. Buck, RN**	PMC 217-218
316.	4/09/09 – 4/15/09	Interdisciplinary Progress Notes. **Portneuf Medical Center**	PMC 241-250
317.	4/09/09	ISU Student Ed Worksheet – Faculty Admit/Progress Note. **Portneuf Medical Center – Dr. Hoffman**	PMC 196-197
318.	4/13/09	Diabetes Education Referral (Nurse to Nurse Report). **Portneuf Medical Center – J. Briggs, RN**	PMC 255
319.	4/09/09 – 4/15/09	Patient Event Logs (Image Notes, Vitals Graph, All Untimed Notes, Medications, and All Flowsheets. **Portneuf Medical Center**	PMC 39-163, 168-173
320.	4/09/09	Medicare Inpatient / Discharge Rights. **Department of Health & Human Services**	PMC 193-194
321.	4/15/09	Bannock County Ambulance District Medicare Documents. **Portneuf Medical Center/ Bannock County Ambulance District**	PMC 198-199
322.	4/15/09	Nursing Patient Transfer Communication. **Portneuf Medical Center – Brittany Ward, RN**	PMC 195
323.	4/09/09	ER and Inpatient Admit Face Sheet. **Portneuf Medical Center**	PMC 20, 181

NO	DATE	DESCRIPTION	SOURCE CODES
324.	4/13/09 – 4/15/09	Fax Cover Sheets. **Portneuf Medical Center**	PMC 256-258
325.	4/09/09	Patient Information. **Pocatello Family Medicine – Ryan Zimmerman**	PMC 259-260
326.	6/19/09	Clinical Lab Requisition. **Portneuf Medical Center – Michael Baker, M.D.**	PMC 8
327.	6/16/09	Laboratory Report (Therapeutic Drug Monitoring) **Portneuf Medical Center**	PMC 620
328.	6/16/09	Admit Face Sheet (Lab Slip). **Portneuf Medical Center**	PMC 7, 11
329.	6/19/09	Clinical Lab Requisition. **Portneuf Medical Center – Michael Baker, M.D.**	PMC 12
330.	6/20/09	Laboratory Report (including Therapeutic Drug Monitoring) **Portneuf Medical Center**	PMC 9-10
331.	6/27/09	Laboratory Report (including Therapeutic Drug Monitoring) **Portneuf Medical Center**	PMC 13-14
332.	7/01/09	Admit Face Sheet. **Portneuf Medical Center**	PMC 5
333.	7/03/09	Clinical Lab Requisition. **Portneuf Medical Center – Michael Baker, M.D.**	PMC 6
334.	7/03/09	Laboratory Report (including Therapeutic Drug Monitoring) **Portneuf Medical Center**	PMC 621-622
335.	7/03/09	Admit Face Sheet (Lab Slip). **Portneuf Medical Center**	PMC 3
336.	7/17/09	Clinical Lab Requisition. **Portneuf Medical Center – Michael Baker, M.D.**	PMC 4
337.	7/17/09	Laboratory Report (including Therapeutic Drug Monitoring) **Portneuf Medical Center**	PMC 623-624
338.	8/07/09	Clinical Lab Requisition. **Portneuf Medical Center – Michael Baker, M.D.**	PMC 2
339.	8/08/09	Laboratory Report (including Cholesterol testing) **Portneuf Medical Center**	PMC 625-627
340.	8/07/09	Admit Face Sheet (Lab Slip). **Portneuf Medical Center**	PMC 1
341.	Undated	Correspondence to PMC from Cooper Larson (requesting records)	PMC 628-629
342.	Undated	Blank Document.	PMC 638
		BINGHAM MEMORIAL	
343.	02/23/09	ER Outpatient Record. **Bingham Mem Hosp.**	BM 2
344.	02/23/09	Request for Out Patient Services. **Bingham Mem Hosp.**	BM 3
345.	02/23/09	Radiology Report (Pelvis, L Hip, L Knee) . **Bingham Mem Hosp. – D.J. Marc Cardinal, M.D.**	BM 4
		ACCESS HOME CARE	
346.	01/23/09	Intake/Referral Form	AHC 1-2
347.	01/29/09-10/07/09	Patient Data Sheets & Insurance Cards	ACH 24, 598, 1226, 2267
348.		Consents. **Access Home Health**	AHC 3-10

NO	DATE	DESCRIPTION	SOURCE CODES
349.	01/21/09-02/25/10	Physicians Orders. **Access Home Health**	AHC 43-46, 50-51, 604-611, 613, 617, 627-635, 638-639, 1229-1234, 1236-1240, 1242, 1245-1247, 1779, 1783-1793, 1983, 2275-2276, 2279-2289, 2294.
350.	01/23/09, 03/20/09, 05/20/09, 04/15/09, 07/21/09, 09/17/09, 11/18/09, 01/15/10	Start of Care/Resumption of Care/ Follow-up Recertification	AHC 60-67, 109-124, 463-471, 589-596, 1106-1121, 1127-1128, 1635-1642, 1929-1936, 2068-2075
351.	01/23/09-01/18/10	Home Health Certification. **Access Home Health**	AHC 47-49, 636-637, 1243-1244, 1248, 1780-1781, 2277-2278, 2290-2291, 2292-2293
352.	03/20/09-01/15/10	Recert Worksheets. **Access Home Health**	AHC 602-603, 1227-1228, 1776-1777, 2268-2273
353.	02/04/09-09/23/09	Case Conference Progress Reports. **Access Home Health**	AHC 83, 97, 911, 1123, 1511, 1608, 1924, 2039, 2076

NO	DATE	DESCRIPTION	SOURCE CODES
354.	01/26/09-02/20/10	Skilled Nursing Notes. **Access Home Health**	AHC 57-58, 68-69, 71-76, 78-79, 81-82, 84-89, 91-92, 94-95, 105, 107-108, 396-451, 453-462, 472-584, 587-588, 648-653, 655-672, 719-910, 912-932, 934-996, 1013-1076, 1078-1080, 1082-1105, 1136-1139, 1249-1382, 1384-1419, 1422-1430, 1433-1450, 1452-1457, 1459-1479, 1481-1510, 1512-1596, 1599-1607, 1609-1611, 1613-1624, 1626-1634, 1643-1648, 1802-1923, 1925-1928, 1937-1980, 1984-2011, 2013-2038, 2040-2067, 2077-2078
355.	01/23/09-02/24/10	Certified Aide Care Plan/Record. **Access Home Health**	AHC 127-141, 143-205, 298-303, 306-310, 312-395, 1143-1196, 1650-1710, 2081-2200
356.	05/28/09-08/05/09	VAC Therapy Docs. **Access Home Health**	AHC 618-621, 1420-1421, 1431-1432, 1612, 1794
357.	02/14/09-09/26/09	Laboratory Reports	AHC 239-241, 1235, 1760-1774, 2263
358.	01/23/09-05/22/09	Medication Records. **Access Home Health**	AHC 53-556, 640-646, 1782, 1798-1800
359.		Diabetes Information	AHC 644-645, 997-1001, 1002-1012
360.	Blank	Blood Sugar Log	AHC 1124
361.	02/23/09-01/01/10	Missed Visit Reports. **Access Home Health**	AHC 80, 279, 304, 305, 311, 2080, 2246, 2251
362.	01/24/09-01/27/10	Physical Therapy Records. **Access Home Health**	AHC 207-232-237, 257-278, 280-297, 1197-1224, 1712-1747, 2202-2245, 2247-2250, 2252-2261

NO	DATE	DESCRIPTION	SOURCE CODES
363.	01/24/09-01/21/10	Communication Forms. **Access Home Health**	AHC 59, 70, 77, 90, 93, 96, 106, 142, 452, 585, 586, 654, 718, 933, 1077, 1081, 1122, 1125, 1126, 1129-1135, 1140-1141, 1241, 1383, 1458, 1480, 1597-1598, 1625, 1981-1982, 2012
364.	01/23/09	Hospitalization Risk Assessment	AHC 125
365.	01/23/09	Fall Risk Assessment	AHC 126
366.	04/29/09-02/03/10	Misc Fax Cover Sheets **from Access Home Health – Jen, RN**	AHC 612, 614, 2295
367.	04/15/09	Correspondence to Access Home Health **from Cooper & Larsen**	AHC 600-601
368.	08/05/09	Facsimile to Access Home Health – Jen, RN **from KCI USA – Lisa Rios**	AHC 1795
369.		Various Authorizations for Release of Information	AHC 256, 599, 2274
370.	01/21/09-04/30/09	Chart Summaries. **Pocatello Family Medicine**	AHC 18-19, 26-33
371.	04/23/09-01/18/10	General Notes. **Pocatello Family Medicine**	AHC 622, 1796-1797, 2296-2301
372.	04/23/09	Note re: medications. **Pocatello Family Medicine**	AHC 615-616
373.	01/21/09	Medications Reports. **Pocatello Family Medicine**	AHC 20-23, 25
374.	02/10/09-08/04/09	Test Forms. **Pocatello Family Medicine**	AHC 34, 242-243, 1778
375.	04/09/09	ER Report. **Portneuf Medical Center – Kenneth Ryan, M.D.**	AHC 16-17
376.	04/09/09	Consultation. **Portneuf Medical Center – Lida Ogden, M.D.**	AHC 623-626
377.	04/09/09	History & Physical. **Portneuf Medical Center – Steven Coker, M.D.**	AHC 39-41
378.	04/09/09	Nursing Patient Transfer. **Portneuf Medical Center**	AHC 11
379.	04/15/09	Discharge Summary. **Portneuf Medical Center – Lida Ogden, M.D.**	AHC 35-38
380.	04/15/09	Discharge Instructions. **Portneuf Medical Center – Lida Ogden, M.D.**	AHC 12-15
381.	06/19/09-02/09/10	Laboratory Reports. **Portneuf Medical Center**	AHC 244-245, 1749-1750, 1754-1759, 2264-2266
382.	07/11/09-01/27/10	Laboratory Report. **Quest Diagnostics**	AHC 246-255, 1751-1753
PROMISE HOSPITAL			
383.	03/24/08	Patient Registration Form. **Promise Hosp.**	PH 15
384.	03/24/08	Pre-Admission Screening – Medical Record Review. **Promise Hosp.**	PH 24-30

NO	DATE	DESCRIPTION	SOURCE CODES
385.	03/24/08	Select Admit Orders. **Promise Hosp. – Robert Taylor, M.D.**	PH 37
386.	03/24/08	Admit/Discharge Medication Reconciliation & Order. **Promise Hosp. – Wendy Rusin, NP**	PH 38
387.		Consents	PH 17-22
388.	03/24/08	History & Physical. **Promise Hosp. – Wendy Rusin, N.P.**	PH 31-33
389.	03/28/08	Consultation. **Promise Hosp. – David Howe, M.D.**	PH 70-72
390.	04/11/08	Discharge Summary. **Promise Hosp. – Nwanyidirim Ahanonu-Acord, N.P.**	PH 34-36
391.	04/11/08	Final Discharge Order. **Promise Hosp. - Nwanyidirim Ahanonu-Acord, N.P.**	PH 63
392.	03/24/08	Patient Transfer Form. **Portneuf Medical Center**	PH 436
393.	03/25/08-04/11/08	Laboratory Reports. **Salt Lake Reg Med Center**	PH 125-177
394.	03/28/08	Radiology Report (chest). **Salt Lake Reg Med Center – W. R. Brinton, M.D.**	PH 178-179
395.	03/28/08	Radiology Report (bilat knees). **Salt Lake Reg Med Center – Richard B. Holt, M.D.**	PH 180-181
396.	04/07/08	Radiology Report (hips). **Salt Lake Reg Med Center – Jonathan Naatz, M.D.**	PH 182-183
397.	03/24/08-04/11/08	Physicians Orders. **Promise Hosp.**	PH 40-48, 55-62
398.	03/25/08-04/04/08	Physician Progress Notes. **Promise Hosp. – David Howe, M.D.**	PH 69, 89, 92, 120
399.	03/31/08-04/11/08	Notes. **Promise Hosp.**	PH 100, 121, 197
400.	03/25/08-04/21/08	Progress Notes. **Promise Hosp.**	PH 195-196
401.	03/24/08-04/11/08	Chart Notes. **Promise Hosp.**	PH 64-68, 73-75, 78-79, 91, 94-97, 99, 102-104
402.	03/25/08	Wound Care Evaluations. **Promise Hosp.**	PH 105-119
403.	03/25/08-04/11/08	Dressing Change Documentation. **Promise Hosp.**	PH 122-123
404.		Braden Scale for Predicting Pressure Sore Risk. **Promise Hosp.**	PH 124
405.	03/25/08-04/10/08	Primary Treatment Program: Wound/Skin. **Promise Hosp.**	PH 198-201
406.	03/24/08	ECG. **Promise Hosp.**	PH 184
407.	03/24/08	Interdisciplinary Nursing Admission Assessment. **Promise Hosp.**	PH 316-321
408.	03/24/08-04/11/08	24 Hour Care Record. **Promise Hosp.**	PH 322-435
409.	03/25/08	Subcutaneous Insulin Orders and Glucose Management Protocol. **Promise Hosp. – Wendy Rusin, NP**	PH 39

NO	DATE	DESCRIPTION	SOURCE CODES
410.	03/24/08-04/11/08	Medication Administration Records	PH 49-54, 208-315
411.	04/01/08	Physical Medicine and Rehab Consultation. **Promise Hosp. – Dr. Alan Davis**	PH 76-77
412.	04/03/08-04/09/08	Physical Medicine & Rehab Progress Notes. **Promise Hosp.**	PH 90, 93, 98, 101
413.	03/25/08-04/08/08	Physical Therapy Records. **Promise Hosp.**	PH 191-194
414.	03/25/08-04/10/08	Occupational Therapy Records. **Promise Hosp.**	PH 185-190, 206-207
415.	03/26/08-04/02/0/8	Nutrition Assessment. **Promise Hosp.**	PH 202-205
416.		Patient Belongings List. **Promise Hosp.**	PH 23
417.		Signature Page. **Promise Hosp.**	PH 16
418.	04/02/08	Operative Report (L below knee amputation). **Salt Lake Reg Med Center – David Howe, M.D.**	PH 80-81
419.	04/02/08	Pre-Operative Physician Notes. **Salt Lake Reg Med Center –**	PH 85
420.	04/02/08	OR ECG. **Salt Lake Reg Med Center**	PH 82
421.	04/02/08	Anesthesia Records. **Salt Lake Reg Med Center**	PH 83-84
422.	04/02/08	Progress Notes. **Salt Lake Reg Med Center**	PH 86
423.	04/02/08	Admitting Face Sheet. **Salt Lake Reg Med Center**	PH 88
424.	04/02/08	Consent. **Salt Lake Reg Med Center**	PH 87
REPORT OF PLAINTIFF'S SID GERBER, LNFA, MBA, GCM, CSA			
425.	8/31/09	Report of Plaintiff's Expert Sid Gerber, LNFA, MBA, GCHM, CSA	
REPORT OF PLAINTIFF'S EXPERT SUZANNE FREDRICK RN-BC, MSN, CWCN			
426.	4/19/10	Report of Plaintiff's Expert Suzanne Fredrick, RN-BC, MSN, CWCN	
REPORTS OF PLAINTIFF'S EXPERT HUGH SELZNICK, M.D.			
427.	9/17/09	Selznick Record Review Report	
428.	11/25/09	Selznick Supplemental Report	
429.	Undated	Selznick Additional Record Review 01	
430.	Undated	Selznick Additional Record Review 02	
431.	Undated	Selznick Additional Record Review 03	
432.	Undated	Selznick Summary – Medical Record Review	
HEALTH & WELFARE			
433.	1/24/08	Department of Health & Human Services Centers for Medicare & Medicaid Services Survey Report	JN 1016-1115
434.	2/19/08	IDH&W Letter from Lorene Kayser, LSW to Derrick Glum, Administrator at PC&RC	JN 1146-1153
435.	7/14/09	IDH&W Letter from Loretta Todd, RN to Mr. Ruchti	JN 1275-1287
DEPOSITIONS			
436.		Deposition transcript of Judith Nield, taken 02/24/10	

EXHIBIT C

PORTNEUF MEDICAL CENTER
651 Memorial Drive
Pocatello, Idaho 83201
(208) 239-1000

DISCHARGE SUMMARY

PT NAME: NIELD, JUDY	ROOM: MS-0003-1
PT DOB: [redacted] PT AGE: 65Y	MR: 125192
ADMIT: 08/21/2007	ACCT: 3865462
DISCH: 08/25/2007	DD: 08/25/2007
ATTN PHYS: JONATHAN CREE, M.D.	TD: 1235
	DT: 08/27/2007

ATTENDING PHYSICIAN: DR. DAN JONES; DR. JONATHAN CREE

PRIMARY CARE PHYSICIAN: None.

DISCHARGE DIAGNOSES
1. Left lower extremity cellulitis.
2. Right hip pain.
3. Left hip dislocation.
4. Newly diagnosed diabetes.
5. Hypothyroidism.
6. Hypertension.

PAST MEDICAL HISTORY
1. DVT one year ago in the left leg.
2. Bilateral hip replacements.

ALLERGIES
No known drug allergies.

DISCHARGE MEDICATIONS
1. Colace 100 mg p.o. two times daily for constipation.
2. Synthroid 0.05 mg p.o. daily for hypothyroidism.
3. Lovenox 40 mg subcutaneously daily for DVT prophylaxis.
4. Naprosyn 500 mg p.o. two times daily p.r.n. pain.
5. Lantus 20 units subcutaneously every night for diabetes.
6. Cephazolin 1000 mg IV every 8 hours times six weeks for cellulitis.
7. Morphine 2 to 4 mg IV every 2 hours p.r.n. pain.
8. Phenergan 6.25 mg IV every 4 hours p.r.n. nausea.
9. Metformin 500 mg p.o. every night for diabetes.

FOLLOWUP INSTRUCTIONS
Orthopedics consult for applying definitive management of prosthetic joints. M.D. will call.

CONSULTATIONS
Dr. Newhouse, Orthopedics

PROCEDURES
Fluoroscopic-guided right hip arthrocentesis.

CONTINUED

DIAGNOSTIC TESTS
X-ray AP pelvis and lateral right hip show shallow acetabular configuration with uncovering of the lateral stent component arthroplasty. No acute fracture or dislocation involving right hip. AP film which also reveals a fracture dislocation involving the left hip with superior dislocation of the femoral component and displacement at the level of the acetabular fracture.

HISTORY OF PRESENT ILLNESS
This pleasant 65-year-old Caucasian female presents to the Emergency Room with worsening oozing and redness of her left lower extremity. She had a history of a DVT in this left leg approximately one year ago. She states that she had an ulceration over this leg and that she had popped it approximately three months ago. Apparently this leg is swollen at this time, but it is normally swollen secondary to this history of DVT that she had. The patient took Coumadin for six months and then stopped for treatment of DVT. The patient denies any fevers or chills. She basically has no pain in this area, but she attributes that to she has no feeling in the left lower extremity at all secondary to her hip replacement in the past. She also does report a little bit of back pain, but this is nothing new.

HOSPITAL COURSE
The patient was admitted to Med-Surg overflow and placed on contact isolation in case she had MRSA. She was placed on IV antibiotics and improved considerably. She had her pain controlled with morphine and Naprosyn. Wound culture of the left lower extremity grew out klebsiella sensitive to Ancef; this is the IV medication that she will be placed on long-term for this infection. Also, an aspiration of the right hip showed only white blood cells but did not grow any bacteria. Blood cultures were negative for any organisms times two. The patient had a hemoglobin A1c that showed an elevated level of 6.6%. I did start her on Lantus and a mild sliding scale of NovoLog, and her sugars improved. I believe that she is an undiagnosed diabetic and will start her on metformin for her time over at the skilled nursing facility. I believe Lantus and metformin will be a good combination for her to control her blood sugars. She does need to have her left and right hip arthroplasties revised as they are unstable, and actually her left hip is completely dislocated. She is non-weightbearing at this time, and she does need revision of these types of arthroplasties at the University of Utah as we are not able to do those here.

DISCHARGE SUMMARY

NAME: NIELD, JUDY
ADMIT: 08/21/2007

MR: 125192
DD: 08/25/2007
DT: 08/27/2007

CONTINUED PAGE 3

We will get a hold of Orthopedics here to help us to make this referral happen. MRSA screen negative.

FP-RES RYAN ZIMMERMANN, MD

\: lh /: 374 ID: 0014097780
JOB: 278354 TIME: 0524

fx: KENNETH E. NEWHOUSE, M.D. (00975)
>

JN006618

Keely E. Duke
ISB #6044; ked@hallfarley.com
Chris D. Comstock
ISB #6581; cdc@hallfarley.com
HALL, FARLEY, OBERRECHT & BLANTON, P.A.
702 West Idaho, Suite 700
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Attorneys for Defendant Pocatello Health Services, Inc. d/b/a Pocatello Care and Rehabilitation Center

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF THE

STATE OF IDAHO, IN AND FOR THE COUNTY OF BANNOCK

JUDY NIELD,

Plaintiff,

vs.

POCATELLO HEALTH SERVICES, INC., a Nevada corporation, d/b/a POCATELLO CARE AND REHABILITATION CENTER, and JOHN DOES I-X, acting as agents and employees of POCATELLO HEALTH SERVICES, INC., d/b/a POCATELLO CARE AND REHABILITATION CENTER,

Defendants.

Case No. CV 09 3869 PI

AFFIDAVIT OF KEELY E. DUKE IN SUPPORT OF DEFENDANT POCATELLO HEALTH SERVICES, INC. D/B/A POCATELLO CARE AND REHABILITATION CENTER'S MOTION FOR SUMMARY JUDGMENT

ORIGINAL

STATE OF IDAHO)
) ss.
County of Ada)

Keely E. Duke, having been first duly sworn upon oath, deposes and says as follows:

1. That your Affiant is an attorney duly licensed to practice law within the state of Idaho and is a member of the law firm of Hall, Farley, Oberrecht, & Blanton, P.A., attorneys for Defendant Pocatello Health Services, Inc. d/b/a Pocatello Care and Rehabilitation Center, in the above-entitled action. The information contained herein is of your Affiant's own personal knowledge.

2. Attached hereto as Exhibit 1 is a true and correct copy of Ms. Nield's History and Physical related to her admission to Portneuf Medical Center on August 21, 2007, marked as PCRC 159-162.

3. Attached hereto as Exhibit 2 is a true and correct copy of a Health West Progress Note dated August 21, 2007, marked as JN 7.

4. Attached hereto as Exhibit 3 is a true and correct copy of a wound culture report dated August 21, 2007, marked as JN 6411-6412.

5. Attached hereto as Exhibit 4 is a true and correct copy of a Consultation Report from Dr. Kenneth Newhouse, dated August 23, 2007, marked as JN 6460-6462.

6. Attached hereto as Exhibit 5 is a true and correct copy of a report related to a wound culture done on Ms. Nield's right hip on August 23, 2007, marked as JN 6408.

7. Attached hereto as Exhibit 6 is a true and correct copy of a Left Lower Extremity Venous Doppler Ultrasound dated March 27, 2006, marked as JN 447-448.

8. Attached hereto as Exhibit 7 is a true and correct copy of Ms. Nield's Discharge Summary dated August 25, 2007, marked as JN 6446-6448.

9. Attached hereto as Exhibit 8 is a true and correct copy of Ms. Nield's Emergency Room records dated August 21, 2007, marked as JN 6465-6469.

10. Attached hereto as Exhibit 9 is a true and correct copy of an office visit report from Dr. Selznick dated October 11, 1995, marked as JN 208-209.

11. Attached hereto as Exhibit 10, is a true and correct copy of Ms. Nield's deposition transcript.

12. Attached hereto as Exhibit 11, are true and correct copies of a Radiology Report dated August 27, 2007 marked as JN 6577, and a nursing note marked as PCRC 280.

13. Attached hereto as Exhibit 12, is a true and correct copy of a nursing note dated October 12, 2007, marked as PCRC 260.

14. Attached hereto as Exhibit 13, are true and correct copies of doctor orders related to Ms. Nield during her stay at PCRC, marked as PCRC 98-109.

15. Attached hereto as Exhibit 14, are true and correct copies of wound care records related to Ms. Nield's stay at PCRC, marked as PCRC 373-374, 405-407 and 409.

16. Attached hereto as Exhibit 15, are true and correct copies of wound culture reports taken on November 9, 2007, marked as IWCH 207-210.

17. Attached hereto as Exhibit 16, is a true and correct copy of a script written for Ms. Nield on November 13, 2007, marked as IWCH 120.

18. Attached hereto as Exhibit 17, is a true and correct copy of a nursing note dated November 25, 2007, marked as JN 661-662.

19. Attached hereto as Exhibit 18, is a true and correct copy of a pathology report from a November 27, 2007 wound culture, marked as JN 6399.

20. Attached hereto as Exhibit 19, is a true and correct copy of a Follow Up Note from Dr. Baker dated December 3, 2007, marked as PCRC 84.

21. Attached hereto as Exhibit 20, is a true and correct copy of a pathology report

related to a wound culture taken on January 18, 2008, marked as IWCH 218.

22. Attached hereto as Exhibit 21, is a true and correct copy of a Note from Ms. Nield's visit with Dr. Baker, marked as IWCH 65.

23. Attached hereto as Exhibit 22, is a true and correct copy of February 25, 2008 notes from Creekside Home Health, marked as JN 2525-2526.

24. Attached hereto as Exhibit 23, is a true and correct copy of a wound culture report taken on March 17, 2008, marked as IWCH 223-225.

25. Attached hereto as Exhibit 24, is a true and correct copy of a History and Physical performed at Portneuf Medical Center on March 20, 2008, marked as JN 6724-6726.

26. Attached hereto as Exhibit 25, is a true and correct copy of medical records from Promise Hospital of Salt Lake dated March 24, 2008, marked as JN 7276-7278.

27. Attached hereto as Exhibit 26, is a true and correct copy of an April 2, 2008 Operative Report, marked as JN 7324-7325.

28. Attached hereto as Exhibit 27, is a true and correct copy of a Consultation Report related to Ms. Nield's right hip, dated May 12, 2008, marked as JN 6092-6093.

29. Attached hereto as Exhibit 28, is a true and correct copy of an Operative Report related to Ms. Nield's right total hip explant, dated May 12, 2008, marked as JN 6119-6121.

30. Attached hereto as Exhibit 29, is a true and correct copy of an Operative Report related to Ms. Nield's second stage of her right hip replacement dated June 23, 2008, marked as JN 6025-6028.

31. Attached hereto as Exhibit 30, is a true and correct copy of a June 27, 2008 Admission History and Physical, marked as JN 4492-4498.

32. Attached hereto as Exhibit 31, is a true and correct copy of a July 11, 2008

Creekside Home Health Note, marked as JN 2739-2740.

33. Attached hereto as Exhibit 32, is a true and correct copy of medical records dated April 9, 2009 from Portneuf Medical Center, marked as JN 6849-6850.

34. Attached hereto as Exhibit 33, is a true and correct copy of a wound culture taken on April 9, 2009, marked as JN 6757-6758.

35. Attached hereto as Exhibit 34, is a true and correct copy of History and Physical taken on April 9, 2009, marked as JN 6762-6764.

36. Attached hereto as Exhibit 35, is a true and correct copy of discharge documents dated April 15, 2009, marked as JN 6740-6743.

37. Attached hereto as Exhibit 36, is a true and correct copy of a note from Dr. Baker dated April 21, 2009, marked as IWCH 35-36.

38. Attached hereto as Exhibit 37, is a true and correct copy of a note from Dr. Baker dated May 19, 2009, marked as IWCH 22-23.

FURTHER YOUR AFFIANT SAYETH NOT.

Keely E. Duke

SUBSCRIBED AND SWORN to before me this 7th day of October, 2010.

(SEAL)

Notary Public for Idaho
Residing at Boise, Idaho
My Commission Expires 01/27/15

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 7th day of October, 2010, I caused to be served a true copy of the foregoing **AFFIDAVIT OF KEELY E. DUKE IN SUPPORT OF DEFENDANT POCATELLO HEALTH SERVICES, INC. D/B/A POCATELLO CARE AND REHABILITATION CENTER'S MOTION FOR SUMMARY JUDGMENT**, by the method indicated below, and addressed to each of the following:

Reed W. Larsen
COOPER & LARSEN, CHARTERED
151 North 3rd Avenue, 2nd Floor
P.O. Box 4229
Pocatello, ID 83205-4229
Fax: (208) 235-1182
Attorneys for Plaintiff

- ☐ U.S. Mail, Postage Prepaid
- ☐ Hand Delivered
- ☑ Overnight Mail
- ☐ Telecopy

Keely E. Duke

EXHIBIT 1

PORTNEUF MEDICAL CENTER
651 Memorial Drive
Pocatello, Idaho 83201
(208) 239-1000

HISTORY AND PHYSICAL

PT NAME: NIELD, JUDY
ROOM: MS-0003-1
MR: 125192
ADMIT: 08/21/2007
ACCT: 3865462
DISCH:
PT TYPE: I
ATTN PHYS: JONATHAN CREE, M.D.
DD: 08/21/2007
PT DOB: [redacted] PT AGE: 65Y
TD: 1924
DT: 08/22/2007

CHIEF COMPLAINT
Left leg infection.

HISTORY OF PRESENT ILLNESS
The patient is a 65-year-old female with a previous history of DVT with chronic edema and some ulceration in her left lower extremity as well as being insensate from the knee down, who presents to the Emergency Room with worsening oozing and redness in her left lower extremity. The patient reports that approximately three months ago, she had a clear blister posteriorly of her distal left lower extremity. They popped the ulceration, and since then that area has been getting progressively worse and has proceeded to move around toward the front. The patient reports that her leg is normally incredibly swollen. Today it is much better as she was on her back with her leg elevated all day yesterday. The swelling has been going on since the DVT she had approximately one year ago in this left leg. The patient was on Coumadin for six months and then requested not to be on it any longer. The patient denies any fevers. The patient has no pain in this area, so denies any pain. Again she has no feeling, so no numbness or tingling in that area. The patient denies any weakness, any weight changes. The patient has a bilateral hip prosthesis and does report increased pain in her right hip prosthesis and that is why she was actually on her back yesterday was because of the pain in this right hip.

The patient has been having Home Health come for the last week or so to help with dressing changes and the patient reports that approximately four to five weeks ago, she was on antibiotics for a few days. They were leftover antibiotics that she had from a dental procedure previously.

PAST MEDICAL HISTORY
Remarkable for the DVT as stated above, hypothyroidism, and the patient has had bilateral hip replacements. The patient has not had any colonoscopies or colon cancer screening.

SOCIAL HISTORY
The patient is widowed. She lives alone. She has about a 15 pack/year history of tobacco in the distant past and has occasional alcohol use.

CODE STATUS
DNR/DNI.

MEDICATIONS
The patient is on.
1. Hydrocodone 10/325 p.o. every 4 hours p.r.n. pain.
2. Diclofenac 50 mg p.o. every day for pain.
3. Levothyroxine 50 mcg p.o. daily.

FAMILY HISTORY
No blood clots in the family history. The patient reports that her mother had colon cancer in her mid-30's.

ALLERGIES
No known drug allergies.

REVIEW OF SYSTEMS
The patient has been in a wheelchair for approximately the last three months due to the swelling and pain and difficulty walking due to the feeling in this left leg and weakness and pain in the right leg. The patient denies any weight changes. The patient denies any night sweats, any weakness, any chest pain, any shortness of breath, no cough.

PHYSICAL EXAMINATION
VITAL SIGNS: Temperature 98.8, pulse 96, blood pressure 165/83, respirations 20 and the patient was satting 95% on room air.
GENERAL: The patient is in no acute distress. She is awake, alert, and oriented. She is pleasant and cooperative during the exam.
HEENT: Pupils are equal, round, and reactive to light and accommodation. Sclerae and conjunctivae are normal. Mouth and pharynx are without lesions or exudate. Tympanic membranes were unable to be visualized bilaterally due to cerumen. Hearing to finger rub was intact.
NECK: Soft and supple, no lymphadenopathy, no thyromegaly, no carotid bruits.
HEART: Regular rate and rhythm, no murmurs, rubs, or gallops.
LUNGS: Clear to auscultation, no wheezes, rales or rhonchi.
ABDOMEN: Abdomen appeared to be mildly distended, was nontender, no peritoneal signs.
EXTREMITIES: The patient had trace pitting edema in the left lower extremity. The patient was insensate from approximately the knee down. The patient from the mid-shin down had erythema, but no warmth. There was superficial ulcerations around much of the distal lower leg. The largest being posteriorly, approximately 6 to 7 cm. There was granulation tissue and vascular tissue on all of these. There were some areas of oozing and it was a clear to yellowish serous discharge. Pulses were present bilaterally at the posterior fibula and posterior tibia and dorsalis pedis. Sensation was intact everywhere other than in this left lower extremity.

LABORATORY
White count was 7.6, hemoglobin 13.7, hematocrit 40.6, platelets 229. BMP revealed a glucose of 177, creatinine 1.0, and electrolytes were fine. The patient's albumin was a little bit low at 3.1. The rest of her liver function tests were otherwise normal.

The patient had a venous and arterial ultrasound of her left extremity. The arterial ultrasound showed an abnormal wave form consistent with proximal arterial disease, likely at the iliacs or distal abdominal aorta. The venous ultrasound showed disease in the common femoral vein consistent with a chronic DVT.

ASSESSMENT AND PLAN
1. Left lower extremity cellulitis. I believe that there is a cellulitic component to the patient's infection. However, I believe that is not the greatest component. The patient has chronic edema ulcerations on and off, most recently for the last three months. The patient has arterial and venous disease and so this is more of a picture of arterial and venous disease. However, given the patient's poor circulation, she is at high risk for infectious disease and I suspect that there is some component of infectious disease here. The patient also has elevated sugar, so it is a worry that the patient may be a diabetic or borderline diabetic and also has bilateral artificial hips. Given all of this, I feel that it would be in the patient's best interest to be admitted for IV antibiotics at least until cultures are back. We will admit the patient on Primaxin 500 mg every 8 hours IV, as well as Vancomycin 1 gram every 24 hours IV. Wound and blood cultures were sent in the Emergency Room. The patient has been seen in the past by hyperbarics. Hyperbarics will be consulted for further evaluation of this wound and in preparation for further outpatient treatment.
2. Right hip pain. It is unlikely being that the patient is afebrile and has a normal white count that the patient has seeded one of the artificial joints. However, I will check an ESR and a CRP. If these are normal, that will be very reassuring. I will also check an x-ray of this right hip to look for any signs and symptoms of inflammation or instability there.
3. Elevated sugars. If the patient had more signs of this being a systemic infection, could easily be ascribed to that. However, those were not present. If the ESR is normal, it makes these sugars more worrisome. I will check a hemoglobin A1c and check a fasting glucose in the morning with a BMP for further evaluation of this.
4. Hypothyroidism. The patient will continue on her outpatient dose and a TSH will be checked in the a.m.
5. Hypertension. The patient does not have a diagnosis of hypertension, but had blood pressure up to 165/83. This will continue to be followed in the hospital and if it continues to be elevated, the pain will likely need to be started on an

antihypertensive at discharge or possibly with followup as an outpatient.

6. Prophylaxis. The patient is at high risk for deep venous thrombosis having had a previous deep venous thrombosis and has poor flow in this left leg. The patient will be given Lovenox 40 mg subcu daily. The patient is low risk for gastrointestinal prophylaxis, so a proton pump inhibitor will not be prescribed.

FP-RES BRANDON MICKELSEN, D.O.

\: arb /: 793 ID: 001408973
JOB: 277764 TIME: 0305

Hospital Course -

Patient admitted to MS-overflow. Newly diagnosed diabetic requiring Lantus + sliding scale. Pain well controlled on Naprosyn + Morphine. Cultures grew out Klebsiella sensitive to Ancef. Pt will require ortho consult for definitive management of prosthetic joints.

Ryan Zimmerman MD

EXHIBIT 2

HEALTH WEST
PROGRESS NOTES

PATIENT NAME Nield, Judy DOB [redacted]

VITALS	FINDINGS / SOAP
8-21-07	Discussed referral @ length c pt and timeframe involved. Suggested she might want to go to hosp for eval. — RCMA
2:49 pm	HHC calls stating they went to pt's home. Pt not getting up @ all. Bed soaked c urine. Temp 99.4 F. Taking pt via ambulance to ER — RCMA
	mk 8/21/07
8-30-07	Maurice Swartz from SE HHC calls to inform they are discharging pt from HHC. Pt is in rehab @ PMC and in 2 wks will go to SLC for hip surgery. — RCMA
	mk 9/13/07

(reverse for overflow notes)

JN000007

EXHIBIT 3

ATTENDING PHYS:
CREE, JONATHAN

** FINAL** REPORTED: 08/21/2007 23:53 PAGE: 1
NIELD,JUDY MR 125192
05/26/1942(65Y F) BN 3865462 MS

ORDERED BY: BRADBURY, ANDREW
COLLECTED ON: 08/21/2007 @ 21:00 ACCESSION: L0847960

MICROBIOLOGY/SEROLOGY

WOUND CULTURE ACC #: L0847960
Source: WOUND,LEFT LEG Set-up: 08/21/2007 2345
Status: FINAL
GRAM STAIN
1+ WBC'S - 1+ GRAM NEGATIVE RODS
1+ GRAM POSITIVE COCCI
RESULTS
MODERATE GRAM POSITIVE COCCI
MODERATE COAG-NEG STAPH SPECIES
MODERATE BETA HEMOLYTIC STREPTOCOCCI,NOT GROUP A,B OR D
(NO FURTHER IDENTIFICATION)

LIGHT GRAM NEGATIVE RODS
LIGHT KLEBSIELLA PNEUMONIAE

ANTIMICROBICS	KLEBSIELLA PNEUMONIAE MIC uG/ML	BLD UR
AMOXICILLIN/K CLAVULANATE	<=8/4	S
AMPICILLIN	16	I
AMPICILLIN/SULBACTAM	<=8/4	S
AZTREONAM	<=8	S
CEFAZOLIN	<=8	S
CEFTAZIDIME	<=1	S
CEFTRIAXONE	<=8	S
CEFUROXIME	<=4	S
CIPROFLOXACIN	<=1	S
ERTAPENEM	<=2	S
GENTAMICIN	<=1	S
IMIPENEM	<=4	S
LEVOFLOXACIN	<=2	S
PIPERACILLIN/TAZABACTAM	<=16	S
TETRACYCLINE	<=4	S
TRIMETHOPRIM/SULFAMETHOX	<=2/38	S

REPORT CONTINUED ON NEXT FORM

Portneuf MEDICAL CENTER
WEST CAMPUS 651 MEMORIAL DRIVE POCATELLO, IDAHO 83201
EAST CAMPUS 777 HOSPITAL WAY POCATELLO, IDAHO 83201

CLINICAL LABORATORY

COLLEGE OF AMERICAN PATHOLOGISTS CERTIFIED

CONTINUED
S.M. SKOUMAL, M.D.

ATTENDING PHYS:
CREE, JONATHAN

** FINAL** REPORTED: 08/21/2007 23:53 PAGE: 2

NIELD, JUDY
05/26/1942(65Y F)

MR 125192
BN 3865462 MS

ORDERED BY: BRADBURY, ANDREW
COLLECTED ON: 08/21/2007 @ 21:00 ACCESSION: L0847960

MICROBIOLOGY/SEROLOGY

WOUND CULTURE
Source: WOUND,LEFT LEG
Status: FINAL

ACC #: L0847960
Set-up: 08/21/2007 2345

S=Susceptible I=Intermediate R=Resistant N/R=Not Reported
BLANK=Drug not advisable BLAC=Beta Lac Pos TFG=Thymidine dependant
INTERPRETATIONS BASED ON APPROX. ADULT ATTAINABLE BLOOD/URINE LEVELS.
IB APPEARS IN PLACE OF INTERP W/ORG'S W/KNOWN INDUCIBLE B-LACTAMASES.
S.aureus and Coag neg Staph species tested for Inducible Resistance
to Clindamycin, results reported as MIC interpretation

EXHIBIT 4

PORTNEUF MEDICAL CENTER
651 Memorial Drive
Pocatello, Idaho 83201
(208) 239-1000

CONSULTATION REPORT

PT NAME: [redacted]
PT DOB: [redacted] PT AGE: 65Y
ADMIT: 08/21/2007
DISCH:

ROOM: MS-0003-1
MR: 125192
ACCT: 3865462
PT TYPE: I
DD: 08/23/2007
TD: 1441
DT: 08/23/2007

CONSULTING PHYSICIAN: KENNETH E. NEWHOUSE, M.D.

REQUESTING PHYSICIAN:

DATE OF CONSULTATION: 08/23/2007

IDENTIFICATION
A 65-year-old female.

CHIEF COMPLAINT
Cellulitis and right hip pain.

HISTORY
The patient does have a fairly long complicated history in which she had bilateral total hip replacements done approximately 13 years ago done by Dr. William Mott, now deceased.

The patient evidently had some sort of sciatic nerve injury to the left hip at or around the time of surgery and since the time of surgery she has had difficulty with feeling in her left leg and moving her ankle up and down.

The patient was ambulatory until about two years ago when she evidently fell coming out of a grocery store. She was at that point seen and evaluated by Dr. B.J. Blair. The patient states she had radiographs of her spine. She is not sure if she had radiographs of her hip but was at any rate given a reasonably clean bill of health and did reasonably well until about three months ago when, without any type of insult or injury whatsoever, she lost the ability to ambulate.

She has evidently been dealing with chronic cellulitis in her lower extremities, treated with hyperbarics, p.o. antibiotics and the like. She presented to the hospital approximately 36 hours ago with increasing pain and soreness in her right hip as well as increasing cellulitis. She was admitted to the hospital and started on IV antibiotics. I was consulted approximately 24 hours after her admission because of right hip pain. Radiographs had been obtained (they were not evaluated by a clinician at that point). I was asked to see her, wondering whether or not her right hip could be infected.

The patient's past medical history is well documented in the clinic notes but from an orthopedic standpoint again, she says she has not

ambulated for approximately three months and she states she really is not having no pain at all in her left leg.

Examination of her left leg shows the left leg is at least 2 inches shorter contrary to her right leg and general range of motion causes her very little discomfort. She has a fair amount of cellulitis and open blistering of her left lower extremity. It should also be noted she has essentially no sensation in her left foot and calf area.

Examination of the right leg shows she is grossly neurovascular intact. She has much less cellulitis and open areas on the right leg but has fair amount of pain both laterally and anteriorly with range of motion of her hip.

Radiographs were reviewed. The radiographs consist of an AP pelvis. The patient has a fracture dislocation of her left total hip replacement. The cup has been disassembled from the native acetabulum and there is a central acetabular fracture. The hip is dislocated with the femoral head sitting at least two inches proximal to the native acetabulum. There also appears to be some loosening of the right hip acetabular component but the hip is grossly located, the cup is somewhat vertical.

This is a difficult problem that I believe the patient has what appears to be a Charcot left leg and at least a chronic dislocation and injury to this without any evidence of trauma whatsoever.

The patient could also have seeded both of her hips, the left and the right, with her cellulitis and is now complaining of pain and loosening of the right hip. On the other hand, she simply could have a loose acetabulum which could be causing her discomfort.

Antibiotics are started prior to any type of aspiration and therefore any aspiration studies we get are equivocal.

On a positive note, the patient is not septic at this point.

I think medical management at this point should consist of continuing with antibiotics but I have recommended last evening, when I saw the patient, aspiration of her hip. At the time of this dictation this still has not been done yet. This is scheduled.

Unfortunately the results of this aspiration are going to be compromised because of starting the antibiotics. However, if we obtain a considerable amount of white blood cells we can assume that the hip is infected.

Unfortunately, if the hip is infected I think the only option would be a two stage exchange. Given the fact that the patient has Charcot hip on

CONSULTATION REPORT

NAME: NIELD, JUDY
ADMIT: 08/21/2007
DISCH:

MR: 125192
DD: 08/23/2007
DT: 08/23/2007

the other side and the fracture is noted in the disassembly of the components, this would basically give her no lower extremity on which she can stand.

With respects to operative treatment for the left leg this would be difficult. Revision could be performed but given the fact that she has a Charcot leg she very likely may end up with similar circumstances in the future.

In any event, I think this should probably be done by a total joint revision specialist. We will await the aspiration results and discuss this further.

I have discussed this case at length with Dr. Routson as well as Dr. Zimmerman and they concur with this plan.

KENNETH E. NEWHOUSE, M.D.

\: db /: 975 ID: 001409310
JOB: 278063 TIME: 1436

fx: KENNETH E. NEWHOUSE, M.D. (00975)
>

EXHIBIT 5

CLINICAL LABORATORY

COLLEGE OF AMERICAN PATHOLOGISTS CERTIFIED
COPY TO MEDICAL RECORDS

PATHOLOGIST:
S.M. SKOUMAL, M.D.

DOC NO 1800011 (11/06)
© LITHO PRINTING

ATTENDING PHYS:
CREE, JONATHAN

** FINAL** REPORTED: 08/23/2007 17:38 PAGE: 1
NIELD,JUDY MR 125192
05/26/1942(65Y F) BN 3865462 MS

ORDERED BY: CREE, JONATHAN
COLLECTED ON: 08/23/2007 @ 13:30 ACCESSION: L0848708

MICROBIOLOGY/SEROLOGY

BODY FLUID CULTURE ACC #: L0848708
Source: BODY FLUID,SYNOVIAL Set-up: 08/23/2007 1736
Status: FINAL
GRAM STAIN
2+ WBC'S - NO ORGANISMS SEEN
RESULTS
SOURCE IS RT HIP
NO GROWTH IN 24 HOURS
NO GROWTH IN 48 HOURS

H-HIGH L-LOW *-SIGNIFICANT CHANGE FROM PREVIOUS RESULT UNK-UNKNOWN NA-NOT APPLICABLE ND-NOT DONE PND-PENDING ★-FOOTNOTE

JN006408

EXHIBIT 6

DIAGNOSTIC IMAGING SERVICE OF IDAHO

FACILITY: IDAHO HYPERBARICS WOUND CARE CENTER

NAME: NIELD, JUDY **AGE: 63** **DOB** [redacted]

DATE: 3-27-2006 **PHYSICIAN: MICHAEL S. BAKER, M.D.**

LEFT LOWER EXTREMITY VENOUS DOPPLER ULTRASOUND

CLINICAL INDICATION: Left leg swelling.

FINDINGS: There is occlusive thrombus from the common femoral vein down through the popliteal veins. Partial flow noted in the femoral vein. No augmentation present. The posterior tibialus vein is also occluded with thrombus. The anterior tibialus vein compresses and maybe patent.

IMPRESSION: EXTENSIVE OCCLUSIVE THROMBUS THROUGHOUT THE ENTIRE LEFT LEG DEEP VEINS.

MATTHEW WILLIAMSON, M.D.

Unsigned reports are preliminary and do not represent a medical or legal document.
PMT/alb
3/30/2006 5:09 AM

DIAGNOSTIC IMAGING SERVICE OF IDAHO

LOWER EXTREMITY VENOUS DUPLEX

Facility Hyperbarics

Date 3-27-06 Exam LLE Venous

Prior US ☐ Y ☐ N	
# of Images	
Date	
Location	
Copy & Send ☐ Y ☐ N	
Signature Form ☐ Y ☐ N	

Specify tests desired:
- ☐ 93970TC Venous Extremity (bilat.)
- ☐ 93971TC Venous Extremity (unilat.)
- ☐ 93926TC Artery-Unilateral Ltd.
- ☐ OTHER
- ☐ 93925TC Artery-Lower Ext. CP
- ☐ 76880TC Extremity (Ltd).

Name Nield, Judy Age 63 DOB [redacted]

Physician Becker File/MR#:

Reason for Exam Swelling L. Leg Tech: JCH

Dx Code *(check as many as apply)*
- ☐ Bruits 785.9
- ☒ Swelling in Limbs 729.81
- ☐ DVT 451.19
- ☐ Edema 782.3
- ☐ Numbness 782.0
- ☐ Claudication 272.9
- ☐ Popliteal cyst (Baker's Cyst) 727.51
- ☐ Thrombosis, Leg 453.8
- ☐ Limb Pain 729.5

Other

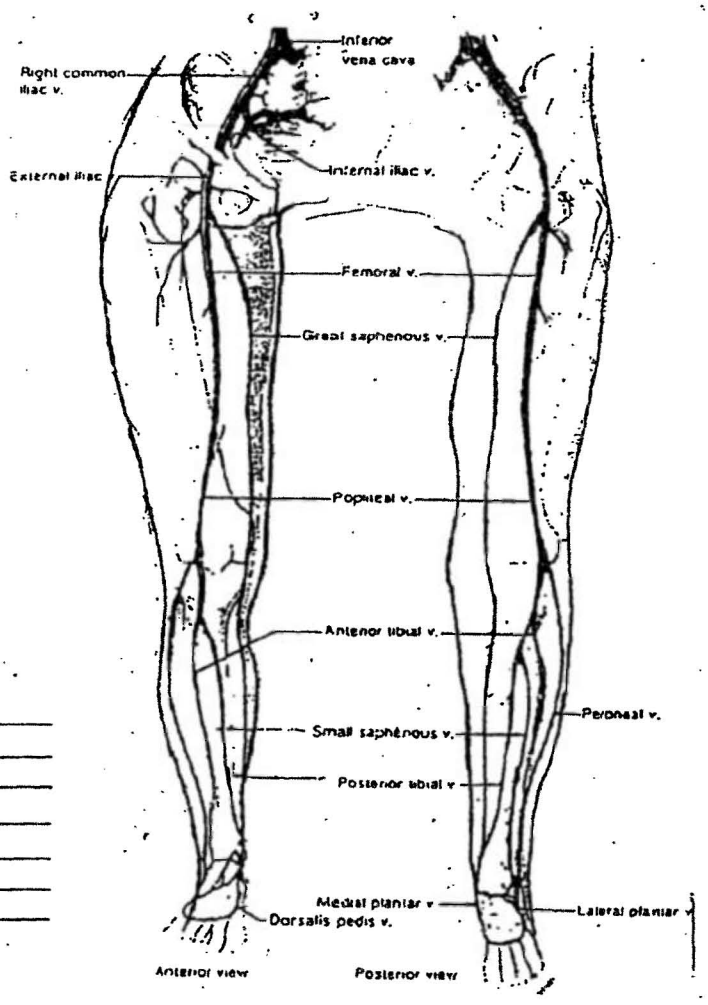
		Compress (Y/N)	Norm. Flow (Y/N)	Augmented Flow (Y/N)
Common Femoral	R			
	L	N	N	N
[redacted] Femoral	R			
	L	N	Partial	
Popliteal	R			
	L	N	N	N
Tibial (A/P)	R			
	L	PTN ATV		

Valsalva Dilation of Common Femoral: R L

Clot Seen: R L X

Location: R L CFV/FV/PopV

Comments: DVT from CFV down.



This form contains Sonographer notes ONLY and should not be mistaken for official Physician's Reading

EXHIBIT 7

PORTNEUF MEDICAL CENTER
651 Memorial Drive
Pocatello, Idaho 83201
(208) 239-1000

DISCHARGE SUMMARY

PT NAME: NIELD, JUDY	ROOM: MS-0003-1
PT DOB: 05/26/1942 PT AGE: 65Y	MR: 125192
ADMIT: 08/21/2007	ACCT: 3865462
DISCH: 08/25/2007	DD: 08/25/2007
ATTN PHYS: JONATHAN CREE, M.D.	TD: 1235
	DT: 08/27/2007

ATTENDING PHYSICIAN: DR. DAN JONES; DR. JONATHAN CREE

PRIMARY CARE PHYSICIAN: None.

DISCHARGE DIAGNOSES
1. Left lower extremity cellulitis.
2. Right hip pain.
3. Left hip dislocation.
4. Newly diagnosed diabetes.
5. Hypothyroidism.
6. Hypertension.

PAST MEDICAL HISTORY
1. DVT one year ago in the left leg.
2. Bilateral hip replacements.

ALLERGIES
No known drug allergies.

DISCHARGE MEDICATIONS
1. Colace 100 mg p.o. two times daily for constipation.
2. Synthroid 0.05 mg p.o. daily for hypothyroidism.
3. Lovenox 40 mg subcutaneously daily for DVT prophylaxis.
4. Naprosyn 500 mg p.o. two times daily p.r.n. pain.
5. Lantus 20 units subcutaneously every night for diabetes.
6. Cephazolin 1000 mg IV every 8 hours times six weeks for cellulitis.
7. Morphine 2 to 4 mg IV every 2 hours p.r.n. pain.
8. Phenergan 6.25 mg IV every 4 hours p.r.n. nausea.
9. Metformin 500 mg p.o. every night for diabetes.

FOLLOWUP INSTRUCTIONS
Orthopedics consult for applying definitive management of prosthetic joints. M.D. will call.

CONSULTATIONS
Dr. Newhouse, Orthopedics

PROCEDURES
Fluoroscopic-guided right hip arthrocentesis.

CONTINUED

DISCHARGE SUMMARY

NAME: NIELD, JUDY
ADMIT: 08/21/2007

MR: 125192
DD: 08/25/2007
DT: 08/27/2007

DIAGNOSTIC TESTS
X-ray AP pelvis and lateral right hip show shallow acetabular configuration with uncovering of the lateral stent component arthroplasty. No acute fracture or dislocation involving right hip. AP film which also reveals a fracture dislocation involving the left hip with superior dislocation of the femoral component and displacement at the level of the acetabular fracture.

HISTORY OF PRESENT ILLNESS
This pleasant 65-year-old Caucasian female presents to the Emergency Room with worsening oozing and redness of her left lower extremity. She had a history of a DVT in this left leg approximately one year ago. She states that she had an ulceration over this leg and that she had popped it approximately three months ago. Apparently this leg is swollen at this time, but it is normally swollen secondary to this history of DVT that she had. The patient took Coumadin for six months and then stopped for treatment of DVT. The patient denies any fevers or chills. She basically has no pain in this area, but she attributes that to she has no feeling in the left lower extremity at all secondary to her hip replacement in the past. She also does report a little bit of back pain, but this is nothing new.

HOSPITAL COURSE
The patient was admitted to Med-Surg overflow and placed on contact isolation in case she had MRSA. She was placed on IV antibiotics and improved considerably. She had her pain controlled with morphine and Naprosyn. Wound culture of the left lower extremity grew out klebsiella sensitive to Ancef; this is the IV medication that she will be placed on long-term for this infection. Also, an aspiration of the right hip showed only white blood cells but did not grow any bacteria. Blood cultures were negative for any organisms times two. The patient had a hemoglobin A1c that showed an elevated level of 6.6%. I did start her on Lantus and a mild sliding scale of NovoLog, and her sugars improved. I believe that she is an undiagnosed diabetic and will start her on metformin for her time over at the skilled nursing facility. I believe Lantus and metformin will be a good combination for her to control her blood sugars. She does need to have her left and right hip arthroplasties revised as they are unstable, and actually her left hip is completely dislocated. She is non-weightbearing at this time, and she does need revision of these types of arthroplasties at the University of Utah as we are not able to do those here.

DISCHARGE SUMMARY

NAME: NIELD, JUDY
ADMIT: 08/21/2007

MR: 125192
DD: 08/25/2007
DT: 08/27/2007

We will get a hold of Orthopedics here to help us to make this referral happen. MRSA Screen negative.

Ryan Zimmerman MD
FP-RES RYAN ZIMMERMANN, MD

\: lh /: 374 ID: 001409780
JOB: 278354 TIME: 0524

fx: KENNETH E. NEWHOUSE, M.D. (00975)
>

EXHIBIT 8

PORTNEUF MEDICAL CENTER
EMERGENCY RECORD

Name: Nield, Judy
Age: F65 Wt:
MedRec: 000125192
AcctNum: 3865462

TRIAGE DATA

Complaint: Leg Pain (left)

Triage Time: Tue Aug 21 2007 16:03 **Age:** 65 Female **Kg Weight:**
Source: **Physicians:**
By: Private Vehicle
Urgency: LEVEL 3
Room: 1-ED 09 Blair, Benjamin

Vital Signs:
BP:165/83 P:96 R:20
T:98.8 Pain:10 Sat:97/ra

ADDITIONAL TRIAGE (Tue Aug 21 2007 16:03 EWH)

COMPLAINT
PROVIDERS: TRIAGE NURSE: Eric Whiteside, RN.
ADMISSION
PATIENT: NAME: Judy Nield, DOB [redacted] TIME OF GREET: Tue Aug 21 2007 15:50, LANGUAGE: English, RACE: Caucasian, PHONE: 208237-4079, MEDICAL RECORD NUMBER: 000125192, ACCOUNT NUMBER: 3865462, IBEX NUMBER: 20070821160314ADT.
PRE-TRIAGE NOTES:
NOTES:Patient complains of pain. Pain described as aching, described as sharp, **On a scale 0-10 patient rates pain as 10**, Triage assessment performed.
DOMESTIC VIOLENCE: Not Applicable.
TREATMENTS IN PROGRESS: No treatment.
VITAL SIGNS

VITAL SIGNS

VITAL SIGNS (Tue Aug 21 2007 16:03 EWH): BP: 165/83, Pulse: 96, Resp: 20, Temp: 98.8, Pain: 10, O2 sat: 97 on ra.
(21:13 EWH): BP: 119/65, Pulse: 89, Resp: 20, Pain: 7, O2 sat: 98, Time: 1800.
(21:15 EWH): BP: 119/76, Pulse: 80, Resp: 20, Pain: 6, O2 sat: 97 on ra, Time: 1910.

HPI EXTREMITY (17:00 ABR)

CHIEF COMPLAINT: Patient presents for the evaluation of **left, leg, swelling, drainage from wound**.
HISTORIAN: History obtained from patient.
TIME COURSE: Onset was **3 months ago . Complaint is worse**.
LOCATION: **chronic sores worse, chronic numbness since hip surgery; sees Health west physician.**
MECHANISM: Complaint occurred by **No trauma by history**.
QUALITY: **unable to be described.**
ASSOCIATED WITH: **fever**, measured, **99.2**.
TREATMENT: Elevation.

PAST MEDICAL HISTORY

MEDICAL HISTORY (Tue Aug 21 2007 16:03 EWH): **History of endocrine disease. including hypothyroidism, History of neurological disease, chronic back and neck pain. History of vascular disease, patient has a history of deep vein thrombosis.**
SURGICAL HISTORY (Tue Aug 21 2007 16:03 EWH): **History of orthopedic**, left, right, hip.
MEDICAL HISTORY (17:00 ABR): No history of cardiac disease, diabetes.
SOCIAL HISTORY (17:00 ABR): Denies alcohol abuse, tobacco abuse.

PORTNEUF MEDICAL CENTER
EMERGENCY RECORD

Name: Nield, Judy
Age: F65 Wt:
MedRec: 000125192
AcctNum: 3865462

NOTES (17:00 ABR): Nursing records reviewed.

CURRENT MEDICATIONS (16:04 EWH)

Levothyroxine Sodium: .5mg daily.
Norco: 10/325ng prn.
Cataflam:

KNOWN ALLERGIES

Tetracycline Hydrochloride - Gi upset.

ROS (17:02 ABR)

CONSTITUTIONAL: **Historian reports fever**, measured.
EYES: No eye discharge.
ENT: No rhinorrhea.
CARDIOVASCULAR: No chest pain.
RESPIRATORY: No SOB.
GI: No abdominal pain, vomiting, hematochezia, melena.
MUSCULOSKELETAL: No fall, injury.
SKIN: **Historian reports skin changes, unknown tetanus booster, patient refuses in spite of knowing risks.**
NEUROLOGIC: **Historian reports sensory changes, chronic numbness left leg.**
ALLERGIC/IMMUNOLOGIC: No frequent infections.
PSYCHIATRIC: No alcohol abuse.

PHYSICAL EXAM

HEAD (17:11 ABR): Atraumatic, Normocephalic.
EYES (17:11 ABR): No discharge from eyes, Extraocular muscles intact. Sclera are normal. Conjunctiva are normal.
RESPIRATORY CHEST (17:11 ABR): Breath sounds normal. No respiratory distress.
CARDIOVASCULAR (17:11 ABR): RRR. No murmurs, rub, gallop.
BACK (17:11 ABR): There is no CVA Tenderness.
LYMPHATIC (17:11 ABR): No adenopathy in neck.
PSYCHIATRIC (17:11 ABR): Oriented X 3. Normal affect.
CONSTITUTIONAL (17:11 ABR): Vital signs reviewed. Patient appears comfortable, Alert and oriented X 3.
ENT (17:11 ABR): Posterior pharynx normal, Mouth normal to inspection.
NECK (17:11 ABR): Normal ROM. No jugular venous distention. Normal thyroid.
ABDOMEN (17:11 ABR): Abdomen is nontender. No masses, Bowel sounds normal, No distension, peritoneal signs.
UPPER EXTREMITY (17:11 ABR): Inspection normal. No cyanosis, clubbing, edema.
SKIN (17:11 ABR): Skin is warm, Skin is dry, Skin is normal color.
NEURO (17:11 ABR): GCS is 15, **chronically unable to move toes left foot.**
LOWER EXTREMITY (17:12 ABR): No edema, **sensation chronically absent left foot, left fott color ok, cannot detect DP pulse; open sores left lower leg with purulent material and surrounding redness which family states is worsening.**

DOCTOR NOTES

TEXT (17:01 ABR): **DVT one year ago left leg.**
(17:12 ABR): **patient's physician is at Health West.**
(19:46 ABR): **discussed with Dr. Cree, ISU family practice will admit; patient is alert and conversant.**

PORTNEUF MEDICAL CENTER
EMERGENCY RECORD

Name: Nield, Judy
Age: F65 Wt:
MedRec: 000125192
AcctNum: 3865462

RESULTS

LABORATORY (18:24 ABR):

Measurement	Result	Units	Range
CBC ABS Collection DT: Aug 21 2007 18:16			
WBC	7.6	K/uL	(3.1-10.1)
RBC	4.55	M/uL	(3.92-5.58)
HGB	13.7	g/dL	(12.1-17.1)
HCT	40.6	%	(34.6-50.1)
MCV	89.2	fL	(83-103)
MCH	30.1	pg	(27.2-34.0)
MCHC	33.7	g/dL	(30.0-37.0)
RDW	14.6	%	(11.0-17.0)
PLT	229	K/uL	(140-440)
MPV	6.8	fL	(6.5-12.0)
% NEUTROPHILS	66.2	%	(40.0-75.0)
% LYMPH	**18.8**	**%**	**(20.0-50.0)**
% MONO	**12.2**	**%**	**(0-11.0)**
% EOS	2.6	%	(0-7.0)
% BASO	0.2	%	(0-3.0)
ABS NEUT	5.1	K/uL	(1.7-8.0)
ABS LYMPH	1.4	K/uL	(0.8-5.6)
ABS MONO	0.9	K/uL	(0-1.1)
ABS EOS	0.2	K/uL	(0-0.8)
ABS BASO	0.0	K/uL	(0-0.3)

(18:31 ABR):

Measurement	Result	Units	Range
CMP Collection DT: Aug 21 2007 18:16			
GLUCOSE	177	mg/dL	(70-110)
BUN	18	mg/dL	(7-18)
CREATININE	1.0	mg/dL	(0.6-1.0)
CALCIUM	9.3	mg/dL	(8.8-10.5)
SODIUM	140	mmol/L	(134-144)
POTASSIUM	3.7	mmol/L	(3.6-5.2)
CHLORIDE	102	mmol/L	(100-109)
TCO2	27	mmol/L	(21-32)
ANION GAP	11.0	mmol/L	(6.0-16.0)
OSMO,CALC	286	mOsm/kg	(280-300)
GFR ESTIMATED	59	mL/min/1.73 m2	SEE NOTE
For African Americans multiply the result provided by 1.21.			
It is the opinion of the National Kidney Foundation that a GFR should			
be reported with every serum creatinine. More information may			
be obtained from the NKF at www.kidney.org.			

(18:41 ABR):

Measurement	Result	Units	Range
CMP Collection DT: Aug 21 2007 18:16			
BILI. TOTAL	0.4	mg/dL	(0.0-1.0)
ALK. PHOS	**47**	**U/L**	**(50-136)**
ALT(SGPT)	32	U/L	(30-65)
AST(SGOT)	16	U/L	(15-37)
T.PROTEIN	7.2	g/dL	(6.4-8.2)
ALBUMIN	**3.1**	**g/dL**	**(3.5-5.0)**
GLOB.,CALC	4.1	g/dL	
A/G RATIO	**0.8**		**(1.4-2.6)**

DIAGNOSIS (18:31 ABR)

FINAL: PRIMARY: **cellulitis left leg**, ADDITIONAL: **elevated glucose.**

DISPOSITION

PATIENT (19:47 ABR): Disposition: Admit/Medical Floor 4th, Condition: Stable.
(20:11 CHAG): Disposition: Admit/Medical Overflow.

(21:16 EWH): Disposition Transport: Stretcher, Remove from ER.

PRESCRIPTION: No Documented Prescriptions

ORDERS

COMP METABOLIC PANEL by ABR for ABR on Tue Aug 21 2007 17:10 Status: Active.
I.V. start by ABR for ABR on Tue Aug 21 2007 17:10 Status: Done by EWH Tue Aug 21 2007 17:11.
CBC W/ABSOLUTE CT by ABR for ABR on Tue Aug 21 2007 17:10 Status: Active.
BLOOD CULTURE #1 by ABR for ABR on Tue Aug 21 2007 17:10 Status: Active.
LOW EXT ART;LFT by ABR for ABR on Tue Aug 21 2007 17:10 Status: Active.
LOW EXT VNS;LFT by ABR for ABR on Tue Aug 21 2007 17:10 Status: Active.
BLOOD CULTURE #2 by ABR for ABR on Tue Aug 21 2007 19:42 Status: Active.
WOUND CULTURE by ABR for ABR on Tue Aug 21 2007 19:42 Status: Active.

MEDICATION ADMINISTRATION SUMMARY (21:16)

Drug Name	Dose	Route	Status	Ordered
Dilaudid	1mg	IV	Given	19:07 08/21/2007
Promethazine Hydrochloride Novaplus	12.5mg	IV	Given	19:07 08/21/2007

Detailed record available in Medication Service section.

NURSING PROCEDURE: IV (18:26 ESC)

TIME: Patient's identity verified by, patient stating name, hospital ID bracelet, Procedure performed at 1815, IV established, 18 gauge catheter inserted, into right Forearm, #1 site. in 1 attempt, Saline lock established, Labs drawn at time of placement, After procedure, no swelling noted at site, After procedure, no drainage noted at site, After procedure, no redness, Sterile dressing applied.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.

NURSING PROCEDURE: LAB DRAW (21:06 JSTO)

TIME: Patient's identity verified by, hospital ID bracelet, Indications for procedure: unable to obtain labs from IV site, Indications for procedure: obtain specimens for evaluation, Labs drawn at 2050, Venipuncture performed/labs sent, Blood obtained from left forearm and labs sent. in 1 attempt, Lab specimens labeled and sent to lab, Blood cultures labeled and sent, After procedure, dressing applied to site, After procedure, no swelling, After procedure, no active bleeding. Patient tolerated procedure well.
SAFETY: Side rails up, Cart in lowest position, Friend at bedside, Call light within reach.

NURSING PROCEDURE: LAB DRAW (21:07 JSTO)

TIME: Patient's identity verified by, patient stating name, hospital ID bracelet, Indications for procedure: unable to obtain labs from IV site, Indications for procedure: obtain specimens for evaluation, Labs drawn at 2100, Venipuncture performed/labs sent, Blood obtained from right forearm and labs sent. in 1 attempt, Lab specimens labeled and sent to lab, Blood cultures labeled and sent, After procedure, dressing applied to site, After procedure, no swelling, After procedure, no active bleeding. Patient tolerated procedure well.
SAFETY: Side rails up, Cart in lowest position, Friend at bedside, Call light within reach.

NURSING PROCEDURE: ADMISSION (21:16 EWH)

TIME: Bed assigned at 2100, Report called at 2115, Patient admitted at 2120, Patient admitted to room 3. acuity level was urgent, admitted to, med-surg unit, Patient transported via, cart, Accompanied by, Paramedic.

PORTNEUF MEDICAL CENTER
EMERGENCY RECORD

Name: Nield, Judy
Age: F65 Wt:
MedRec: 000125192
AcctNum: 3865462

NURSING ASSESSMENT: EXTREMITY LOWER (16:09 EWH)

CONSTITUTIONAL: History obtained from patient. Patient is cooperative, alert and oriented x 3. Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink, Patient arrives to treatment area **via EMS**, Patient **lifted to cart. History obtained from EMS. Patient appears in pain distress.**

LEFT LOWER EXTREMITY: Patient denies numbness/tingling, Area of assessment is **anterior foot, lower leg, upper leg, hip**, Pain described as **sharp, On a scale 0-10 patient rates pain as 8, Pressure ulcer**, Capillary refill is **greater than 2 seconds**, Extremity strength is **weak, Partial range of motion.**

RIGHT LOWER EXTREMITY: Brisk capillary refill, Sensation intact. Patient denies numbness/tingling, Area of assessment is **upper leg, hip**, Pain described as **sharp, On a scale 0-10 patient rates pain as 9.**

KEY:

ABR=Bradbury, MD, Andy CHAG=Hagler, Cara ESC=Scott, RN, Eloise EWH=Whiteside, RN, Eric JSTO=Stoor, John

EXHIBIT9

NIELD, JUDY
October 11, 1995

Judy comes in for initial consultation. She is 53 years old. She is status post bilateral total hip by Dr. Mott in 1993. She has progressive **bilateral** knee pain; left slightly worse than the right. The left knee catches on her. She also notes diffuse left leg numbness since Dr. Mott's hip surgery. The right knee is sore and has some muscle spasms but not as severe on the left. Note that the catching, almost a buckling type symptomatology, is most referable to the left knee. Most of the pain is posterolateral but she notes some pain medial too. Please note that she does also note some sciatic type pain in the right leg which is different from the numbness that she has in the left leg. Her knees have been progressively bothering her for the last nine months. She uses a walker intermittently. She uses a cane most of the time now. She has tried Cataflam, Daypro without relief. Lodine helped but this gave her diarrhea. She has even had physical therapy without much relief.

From a medical standpoint, the patient is fairly healthy. She is overweight and weighs in today at 197 pounds. The patient has no known drug allergies. Medical history is unremarkable. Surgical history is notable for bilateral total hips by Dr. Mott in 1993, bilateral carpal tunnel releases by Dr. Gresham many years ago. The patient does not drink or smoke cigarettes.

EXAMINATION: She has marked valgus deformities of both knees, about symmetric. She walks with hyper-accentuated valgus deformities. Really quite dramatic. She has bilateral knee flexion contractures of about 5 degrees. She has flexion to about 90 degrees in both knees. The left knee seems to have a small effusion. What is notable about the left knee, too, is that she has marked medial joint line tenderness - reproducible. No lateral joint line tenderness. A little bit of posterolateral tenderness. Some crepitus. No instability on varus, valgus testing or anterior, posterior drawer.

With regard to the right knee, she has above-noted flexion contractures but really no joint line tenderness per se. Knee stability is satisfactory.

X-RAYS: Bilateral valgus deformities of both knees with lateral compartment disease. Also patellofemoral arthrosis. Not a lot of medial disease. She has worse lateral joint space narrowing laterally than medially on the left knee when compared to the right.

IMPRESSION: Degenerative arthritis, both knees as described. The left side is slightly worse radiographically. Bilateral knee flexion contractures. She may have some superimposed meniscal pathology in the left knee. I think this is medial.

She has no money and the county has helped her with aid before. An MRI, I think, would put a financial drain on her. Let's try some Voltaren to see how this helps her. She really has not had any before. She will use 50mg., po bid. Precautions were given.

I do want to get some blood work on her as the type of arthrosis she has is somewhat unusual. More consistent with an inflammatory process.

At this point, she will go to the county. She will see if she can arrange appropriate funding. She will then get the laboratory work and then come back. I think it might be more prudent to think about an arthroscopy of the left knee. It will not change her overall mechanical alignment but I do think it might give her some relief, especially if the meniscus is causing most of her mechanical symptoms. Alternately, however, I am sure she will come to a total knee. This is just because of the amount of disease she already has but she is very young so I would really like to try to make her current knee last as long as possible. Emphasis was made on weight loss.

HUGH S. SELZNICK, M.D.
HSS/sl
101195rs

EXHIBIT 10

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF THE

STATE OF IDAHO, IN AND FOR THE COUNTY OF BANNOCK

JUDY NIELD,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	Case No. CV09 3869 PI
	)	
POCATELLO HEALTH SERVICES, INC., a Nevada corporation, d/b/a POCATELLO CARE AND REHABILITATION CENTER, and JOHN DOES I-X, acting as agents and employees of POCATELLO HEALTH SERVICES, INC., d/b/a POCATELLO CARE AND REHABILITATION CENTER,	)	
	)	
Defendants.	)	
	)	

DEPOSITION OF JUDY NIELD

February 24, 2010

Chubbuck, Idaho

Andrea L. Chandler, CSR #748, RPR

DEPOSITION OF JUDY NIELD

BE IT REMEMBERED that the deposition of JUDY NIELD was taken by the Defendant at the home of Judy Nield, located at 260 West Adams, Chubbuck, Idaho, before Associated Reporting, Inc., Andrea L. Chandler, Court Reporter and Notary Public in and for the County of Ada, State of Idaho, on Wednesday, the 24th day of February, 2010, commencing at the hour of 10:03 a.m. in the above-entitled matter.

APPEARANCES:

For the Plaintiff: COOPER & LARSEN, CHARTERED
By: Reed W. Larsen, Esq.
151 North 3rd Avenue, 2nd Floor
Post Office Box 4229
Pocatello, Idaho 83205-4229
Telephone: (208) 235-1145
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reed@cooper-larsen.com
For the Defendant: HALL, FARLEY, OBERRECHT & BLANTON, P.A.
By: Keely E. Duke, Esq.
702 West Idaho, Suite 700
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Also Present: Pharnaz Kashefi, via telephone

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EXAMINATION

EXHIBITS

(No exhibits marked.)

PROCEEDINGS

JUDY NIELD,
a witness having been first duly sworn to tell the truth, the whole truth and nothing but the truth, was examined and testified as follows:

MS. DUKE: Ms. Nield, hi. My name is Keely Duke. We were introduced off the record.
THE WITNESS: Yes.
MS. DUKE: And we're here to take your deposition today. Thank you for welcoming us into your home and letting us take your deposition and be able to accommodate you for this.

EXAMINATION
BY MS. DUKE:
Q. Have you ever had a deposition taken before?
A. Yes, I have.
Q. Okay. How many times?
A. I think two times.
Q. What were they related to?
A. They were for a lawsuit.
Q. What type of lawsuit?
A. I had had a fall years ago and hurt my neck and

head.
Q. Was that the fall at Shopko, or --
A. Yes. And then the one at Winco -- not Winco, but Ridley's.
Q. You were deposed in that case, too?
A deposition was taken?
A. Yes. Yes.
Q. Do you have copies of those depositions?
A. Probably -- I don't know if I do or not. I may have. I may have thrown them out.
Q. Would you mind having somebody just look to see if you have copies?
If you do, great. If you don't, we'll figure out other ways --
A. I'll have somebody take a look and see.
MR. LARSEN: Keely, we definitely have copies of the Ridley's deposition.
MS. DUKE: Oh, do you? Okay. Great.
MR. LARSEN: I'll provide that to you if you would like.
MS. DUKE: Thanks, Reed.
Q. (BY MS. DUKE) And we'll talk about those in just a bit, but other than those two depositions, any other depositions?
A. I don't think so.

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Q. Let me go through just a couple of ground rules. Even though you're familiar with the process, I'll just set a couple of ground rules that hopefully will make this go pretty easily for you and the court reporter.

First and foremost, if I ask a question that you don't understand, just let me know. Okay?

A. Okay.

Q. And if you're answering my questions, I'll assume you're understanding them. Okay?

A. Okay.

Q. I, in no way, intend to cut you off from an answer, so if you have not finished your answer and I start my next question, just let me know. All right?

A. Okay.

Q. And if you're going on to answer my next question, we'll all assume that you finished your prior answer.

A. Okay.

Q. In addition, you're doing a great job of saying okay versus uh-huh or huh-uh. You know, for the court reporter, it makes it a lot easier to do that, so thank you.

And you may, from time to time, hear Mr. Larsen or myself say, was that a yes or a no. It's just

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because we all tend to do uh-huhs and huh-uhs, and it's just our way of clarifying for the record.

If you need a break at any time, just let me know.

A. Okay.

Q. This is not an endurance contest. I'm not here to see how long I can have you go without having a break. The only thing I ask is that you answer my questions -- whatever question I have pending, that you answer it before we take a break.

Is that fair?

A. Yes.

Q. Lastly, rather than head shakes, head nods, again, we need you to just give an audible, yes, no, or okay. Something like that. Okay?

A. Okay.

Q. Beyond that, that's really it, so we can just get started.

A. Okay.

Q. If you could please state your full name for the record.

A. It's Judy, J-U-D-Y, Marie Nield, N-I-E-L-D.

Q. And what is your date of birth?

A. [redacted]

Q. Where were you born?

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A. Pocatello, Idaho.

Q. So you've lived here your whole life?

A. Yes, I have.

Q. And I understand that you went to high school through tenth grade; is that correct?

A. Yes.

Q. And was that at Pocatello High School?

A. Pocatello High.

Q. I also understand that you were married.

A. Yes.

Q. And that your husband has passed.

A. Yes.

Q. What was your husband's name?

A. Ronald, initial J., Nield.

Q. And when did he pass away?

A. In 2002. May of 2002.

Q. And just how did he pass away?

A. He had congestive heart failure.

Q. What did he do for a living?

A. He was a boilermaker.

Q. Any other marriages?

A. Yes. Two.

Q. Prior to Mr. Nield?

A. Yes.

Q. How long were you married to Mr. Nield?

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A. 33 years.

Q. And your prior marriages, just who were your prior spouses?

A. Robert Meyers and Glen Girard, G-I-R-A-R-D.

Q. And did those both end in divorce?

A. Yes.

Q. Any children from those marriages?

A. The first marriage, yes. Two boys.

Q. And what are your son's names?

A. Randy Girard and Scooter, but he went by Nield. He changed his name and went by Nield. He's now deceased.

Q. I was going to ask about that. I had read that in the records that one of your sons had passed away.

A. Uh-huh.

Q. Any other children --

A. No.

Q. -- that you have?

Do you keep in touch with Robert Meyers or Glen Girard at all?

A. I talk to Glen every once in a while. I don't know where Robert is.

Q. Does Glen live in town?

A. Yes.

Q. How frequently do you talk to him?

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A. Only when necessary.
Q. That sounds like an ex-spouse.
A. Yes.
Q. And does he currently work?
A. No.
Q. Retired?
A. Uh-huh.
Q. Yes?
A. Yes.
Q. And so I understand that one of your sons passed away.
Did he have any children?
A. He had a boy years and years ago that was given up for adoption.
Q. Are you in touch with that child?
A. That boy has died.
Q. And when was that death?
A. I have no idea.
Q. Do you know how he died?
A. He had a disease of some kind. He was in a wheelchair.
Q. And when did your son pass away?
A. Let's see. It was in -- it was in November, and I think it was either 2006 or 2005.
Q. And how did he pass away?

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A. Well, I -- it was an accidental death, but there was a combination of alcohol, and they figured he probably bled to death. Because he was on Warfarin, and he mixed alcohol with it.
Q. And your other son, is he living here, Randy?
A. Yes. He lives in Inkom.
Q. And does he have kids?
A. Yes. He has two girls.
Q. And how old are they now?
A. 23 and 24.
Q. And do they live in the Pocatello area?
A. No.
Q. Where do they reside now?
A. One lives in Cheyenne, one lives in Louisiana.
Q. What are their names, just so I have those?
A. One is Nichole, and the other one is Courtney.
Q. Nichole Girard?
A. Uh-huh -- well, Nichole Blanchard is her married name.
Q. And then Courtney?
A. Wernick.
Q. Is that a married name?
A. Yes.
Q. And do they have kids?
A. Yes. They both have little boys.

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Q. One each?
A. Uh-huh.
Q. And there's a family photo there.
Is that one of them --
A. Yeah.
Q. -- with their husband and one of the boys?
A. Uh-huh. That's Courtney and her husband and Tegan.
Q. Who lives in Louisiana?
A. Nichole.
Q. How often do you see them?
A. Not very often. I saw Courtney last year for a little bit. I haven't seen Nichole since -- probably two and a half years. Something like that.
Q. And have you met both the great grandkids?
A. Yeah. Met them both.
Q. Any other grandchildren or great grandchildren?
A. Not by blood.
Q. And then I understand you have some relatives in town. I think a sister and --
A. I have a sister, Barbara Larsen.
Q. And she lives here in Pocatello?
A. Yes.
Q. Any relation to Reed?
A. No.

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MR. LARSEN: Not that we know.
MS. DUKE: I never know, so I figured I better ask.
MR. LARSEN: Not that we know of yet.
MS. DUKE: That's right.
MR. LARSEN: When she said the Wernicks, I'm going, okay, we've got to talk about that, because that's --
THE WITNESS: Yeah. I don't think there's any --
MR. LARSEN: I have Wernicks that I'm related to, too.
MS. DUKE: Do you?
MR. LARSEN: My sister married a Wernick.
MS. DUKE: Small community.
THE WITNESS: Yeah.
Q. (BY MS. DUKE) So Barbara, she lives in town?
A. Yes.
Q. And any other siblings?
A. I have a half brother. His name is Vic, and he lives here in town.
Q. Any others?
A. I have 16 half brothers and sisters, and they're kind of just all scattered all over.
Q. Are you close with any of them?
A. Not real, real close. I talk to one of them, and she lives in North or South Dakota. Up by Canada. Up in that area.

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Q. How often do you talk to her?
A. Oh, maybe every couple of months, something like that. We email quite a bit.
Q. And I understand both your parents are deceased.
A. Yes, both of my parents are deceased.
Q. Any other family in town?
A. Let's see.
Q. Or nearby.
A. I have relatives, but we don't ever speak -- a lot of them. They just, you know -- because, see, I was adopted, so we're dealing with kind of two different families here, you know. So I have some cousins and that, but that's it. All of my grandparents are dead and parents are dead. So there's some cousins, but I don't really talk to them. So...
Q. Your son, Randy, that lives here, what is his wife's name?
A. He's getting a divorce right now, and her name is Barbie.
Q. Is she the daughter-in-law that's been coming in?
A. Uh-huh. She's the one that comes in and helps me.
Q. Is she still doing that?

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A. Yep.
Q. Will she keep doing that after the divorce?
A. I hope so. It's hard to find good help.
Q. And we'll talk more about that, too.
A. Yeah.
Q. Was Scooter married at the time of his passing?
A. No.
Q. Now, as I understand it, at the time kind of -- you've been retired -- or disabled, I should say, for a while?
A. Yes.
Q. When were you first disabled?
A. When my husband died, I got Social Security disability because I had had both hips replaced years before.
Q. Do you know if it was a total disability?
A. I guess it was total.
Q. And that's through Social Security?
A. Right.
Q. And the reason for the disability was your -- both hips being replaced?
A. Right.
Q. At the time that you were declared totally disabled, were you able to walk around?
A. Yes.

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Q. Without assistance?
A. Yes.
Q. Do you remember if you had any physicians that filled out paperwork on your behalf to obtain that permanent total disability?
A. Probably -- Dr. Selznick would have been one of them from a long time ago. And Dr. Mott did the surgery, but he's dead. And I really never went to doctors. So...
Q. And is Dr. Selznick here in Pocatello?
A. He's in Blackfoot.
Q. And as a result of that disability, I understand from your discovery answers -- the responses that you provided to some of those written questions that we had -- I understand it's about -- is it 830 --
A. My Social Security --
Q. -- or around there?
What's the amount?
A. Yeah. 833 a month is what I get.
Q. And do you get that until you pass away?
A. Yes.
Q. Other than that income, any other income?
A. Would that be income from a settlement?
MR. LARSEN: No. That's --
THE WITNESS: Okay. No.

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Q. (BY MS. DUKE) In 2006 -- kind of taking you back a couple of years. So try to put your mind around that time frame.
A. Yeah.
Q. Tell me kind of what your hobbies and activities were in that 2006 time frame.
And so this is after your run-in with the door at Ripley's and your fall, because I understand that happened in '05.
A. Okay. Yeah. That was '05. Yeah. I was able to -- I would walk with a cane, you know, and I did everything. I took care of my house. I took care of my yard. The only thing I couldn't do was like climb a ladder and do high up stuff or like bending, because they don't like you on your knees once you have a hip replacement. So I couldn't get down, so I would hire people to do those jobs for me. But other than that, I took care of everything here.
Q. How about lawn care; mowing, weeding, those types of things?
A. I did not do mowing. I hired the mowing done, but I did all of my own weeding.
Q. What did you do for hobbies in that time frame, 2006?
A. Basically, that was my hobby was working in my

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yard, because I loved working in my yard.
Q. Any hobby like needlework or crochet or anything like that?
A. No. I used to like to fish and camp. I loved that.
Q. Were you able to do that in '06; fishing and camping?
A. Yeah. But by that time we had sold our camp trailer, and so I just, you know, didn't go out by myself.
Q. Any other hobbies or things that you enjoyed doing in 2006?
A. I like to paint and make flower arrangements. I used to give women's retreats. I did that one.
Q. In 2006?
A. I can't remember if we did one in '06 or not, but I did a lot of counseling with people.
Q. Anything else?
A. Travel. I like to travel.
Q. Where did you travel to in '06?
A. I can't remember right now what -- you know...
Q. What types of places would you go travel?
A. Oh, where we would do -- you know, go do counseling or retreats, or, you know, just go out for the day like to Island Park. Things like that, you

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know. No big long traveling.
Q. Anything else in 2006 that you kind of did for fun and hobbies and that type of thing -- activities?
A. I was mostly a homebody. My yard was my hobby. I loved doing my yard.
Q. The women's retreats that you're talking about, what type of retreats are those?
A. What types are they?
Q. Yeah.
A. Self-help retreats for woman.
Q. Can you expand on that a bit more?
A. You get a group of women together, and you get a place you take them for the weekend or a week. You do a lot of classes on self-esteem, self-worth.
Q. Did you have a business that you ran that out of, or was that just kind of a volunteer?
A. We had a business before. It was called Creative Power, Incorporated.
Q. And who is "we"?
A. My sister Barbara and I.
Q. And when -- do you still have that business?
A. No. We dissolved the business.
Q. And when was that?
A. Oh, gosh. Probably -- maybe three, four years ago.

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Q. And why did you guys dissolve it?
A. My sister decided she didn't want to do it anymore.
Q. And after that did you do any more women's retreats?
A. No. I didn't do any more retreats. I still did all of the counseling and that.
Q. And what type of counseling?
A. All kinds, you know. Drug addictions. You name it, I did it. Spiritual.
Q. And would people pay you for the counseling?
A. Sometimes. Sometimes not. I did a lot of freebies.
Q. When is probably the last time that you did counseling?
A. I still do it.
Q. Oh, you still do?
A. Uh-huh.
Q. How many people do you counsel right now?
A. Probably the whole world with what's going on out there. Oh, gosh. Maybe 15, 20.
Q. Has that been pretty consistent for the last, I don't know, four or five years?
A. Yeah.
Q. About 15 or 20 people at a time?

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A. Yeah. That's about what it runs.
Q. And are those all freebies now?
A. Oh, yeah. They're all freebies. People are broke.
Q. And do you have any particular training in counseling or education?
A. I do.
Q. And what is that?
A. I'm trained in the hypnosis. I'm trained in inner child work. I'm trained in the Reiki. So that's...
Q. And where did you obtain that training?
A. Just attending seminars and classes and schooling on it and getting certified for it.
Q. Did you go to any universities or colleges?
A. No.
Q. So the schooling, is that at various seminars, or is there a specific type of school?
A. There's specific types of seminars that are given for stuff like that so that you can learn. I'm trained in NLP training, which is neuro-linguistic programming. And I went for two years for the training on that.
Q. And what is that?
A. Neuro-linguistic programming is changing the

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behaviors -- the thoughts in your head and the behaviors that you're attached to and taking a bad, negative one and turning it into a positive, good one.
Q. And where did you do that training for two years?
A. I did it here in Pocatello.
Q. And who runs that training?
A. Dr. Boyd Johnson was doing that at the time.
Q. And you said you had some certifications. What are you certified in?
A. I'm certified in the NLP and in hypnosis and then the Reiki.
Q. And what is Reiki?
A. Reiki is a healing process. It's similar to like laying on of hands, except you're using laying on the hands -- you're working in an energy field and working with that to help people and change their energies.
You know, a lot of people pack a lot of negative energy, so you're getting rid of the negative and bringing in positive. That's what you do with the Reiki.
Q. What other certifications?
A. Crystal therapy.
Q. Any others that you can think of?

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A. I think that about covers it.
Q. Now, are you required to have any state licenses or anything like that for any of these?
A. No. And I hold a minister's license, even though I'm not religious.
Q. For a particular faith?
A. It's just Universal -- I've got it written down here. Universal -- so Progressive Universal Life Church.
Q. Is it a Christian church or --
A. I don't know. I sent and got the license, so I don't have a clue.
Q. Oh, you still haven't -- was there like a class that you went through, or --
A. No --
Q. -- training?
A. -- just pay the money and you've got it.
Q. And when did you do that?
A. Oh, gosh. Years ago. Probably ten years ago.
Q. And you have the license?
A. Yeah.
Q. Is that part of your counseling?
A. It is part of it, because if somebody's in jail, then it -- that gets me in the door to be able to talk to them. Yeah. So it is a part of...

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Q. I was going to ask you: Why did you obtain that license?
A. That was the only reason.
Q. I figured that was going to be the answer, but I needed to ask.
And who was in jail? Was it anybody close to you or related to you?
A. No. I just said if I were -- you know, if somebody went in -- one of my clients or something -- then I could have got in and just showed them the license, and then it would let me go in and counsel with them.
Q. For the counseling that you do for folks, do they come to your home to do that?
A. Yes, they do.
Q. And how long are your sessions with them?
A. My sessions can run anywhere from, say, an hour to four hours, depending on what that person is dealing with and where we're at working with the, you know, hypnosis and the different techniques.
Q. Are they group and individual or solely individual?
A. I used to do group counseling, but mostly it's individual now.
Q. When did you stop doing group counseling?

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A. Probably about five, six years ago. Something like that.
Q. And why did you stop group counseling?
A. My sister just didn't want to do it anymore, so I just mostly went on my own just doing the private counseling with people. And I don't know, people have come to me my whole life, and they tell me all of their life stories, and I give them suggestions; try this, try that, you know, so I've been doing it my whole life.
Q. Something I assume you enjoy very much?
A. I love it, yeah. It's one of my great joys.
Q. Does your sister do that with you still -- or any of it?
A. No, she doesn't. She's kind of on her own little path now.
Q. Are you two close?
A. Yeah. We're very, very close.
Q. So now kind of move to 2007 from a hobby standpoint. And, you know, take from January through July of 2007.
A. Okay.
Q. Did you have any limitations on the hobbies that you just talked about that you were doing in '06, the weeding and gardening, those types of things?
A. Not until later on. Probably in about April,

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May. Right in there.
Q. Of '07?
A. Yes.
Q. And what happened?
A. I had had that fall at Ridley's prior, and what had happened is when that door knocked me to the ground, it -- I landed on the left side, and that's an artificial hip. So what it did is it fractured the pelvis, and nobody knew, and nobody ever caught it until I went into the hospital in 2007.
And so during that time the hip came apart, and I was walking on a hip that wasn't attached to the body, and it got really painful. So then I started using a wheelchair.
Q. In about April of '07?
A. About the end of April, yeah, and into May. I thought that maybe by using, you know, a wheelchair maybe it would just take the pressure off, because I was getting therapy and chiropractic treatments, and they thought it was the sciatic nerve, and all of the time it was a fractured pelvis and the hip had come apart.
Q. And did you get that corrected at that point?
A. No.
Q. And why not?
A. Because I could still use this leg, so I was

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using this leg.
Q. Your right leg?
A. Yeah.
Q. But you were wheelchair bound at that point?
A. Uh-huh. I could get up out of the wheelchair and get ahold of my walker and get onto the commode, but as far as like walking and putting a lot of pressure, it wasn't allowing me to do that.
Q. So beyond using -- you know, getting up to your walker to use the restroom -- I mean, beyond that, were you getting up to use your walker for anything else really?
A. No, I wasn't.
Q. And how long were you in that situation?
A. Okay. From that situation until the end of August when I went into the hospital.
Q. So you were in that until you went into the hospital?
A. Yes. And then the right hip started giving me a lot of severe pain to where I couldn't stand on it to -- you know, right there at the end of August, and I couldn't stand on it. So I ended up in bed for two days, and then that's when I went into the hospital.
Q. And do you know why -- or what was explained to you as to why your right hip was now causing you

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problems?
A. Because it went, too. It was carrying all of the weight for this other one and then it went.
Q. And that was in August of 2007 prior to you being admitted into Portneuf and then ultimately into the PCRC?
A. Right.
Q. And once your right hip went, then you were even taken from wheelchair to bedridden?
A. To bedridden, yeah.
Q. And did they fix the hip at that point?
A. No. Because their concern was there was sores on this leg -- the one they had to cut off. There was like sores on there because the wheelchair kept hitting the back of the leg and it had caused a blister.
So those had kind of -- you know, and we tried a lot of different things with it. And I had been up to the doctor, and he said, "Well, just try putting it in, you know, clear water soaking it and letting it dry." And it was probably -- maybe a week between that time -- from when he told me to do that that, you know, this leg went.
Q. The right leg?
A. Uh-huh. And so we had home health coming in, and they were attending to the wounds. And then when

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they saw that I couldn't get out of bed, you know, then they told the doctor. And he said, "I want her in the hospital. You take her up." So they had to get an ambulance to take me up.
Q. So from the standpoint of being able to be out gardening and weeding and taking care of your lawn and those things, your ability to do that really stopped in --
A. Yes.
Q. -- April of 2000 (sic)?
A. Absolutely stopped.
Q. I think I said April of 2000. I meant 2007.
And at that point, in April of 2007, were you able to go on outings to Island Park or just out and about?
A. No.
Q. Or do any of the women's retreats or anything like that?
A. No.
Q. Have you done any women's retreats since April of '07?
A. No.
Q. Were you still doing your counseling, though?
A. Not a whole lot.
Q. Okay. That went down, too, at that point?

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A. It did.
Q. And was that because of, basically, your situation in April of '07?
A. The situation, yeah, and then going into the hospital, you know. Then I had to counsel with all of the people in the hospital. So...
Q. Well, there's a lot of people.
A. Believe me, there was.
Q. Probably with a lot of things to talk about?
A. Yes, they did.
Q. And as I understand it, you're still bedridden to this day?
A. Yes.
Q. Do you get up at all to a wheelchair?
A. They can get me up -- if I have somebody here, they can put me in the lift and put me in the wheelchair, but they have to be here, you know, and then they can put me back to bed, so I don't get to get up very often. Maybe once a week, if that.
Q. Beyond that you're just in bed?
A. Yes.
Q. A couple of random questions for you. They're things that we lawyers ask, so no offense meant by any of them. Not that the next question would be offensive, but there may be a couple that I don't mean any offense

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by.
This certainly is not one, I don't think, to be offended by, but have you ever served in the military?
A. No.
Q. Or tried to get into the military? Anything like that?
A. No.
Q. Have you ever filed for bankruptcy?
A. Years ago.
Q. Over ten years ago?
A. Yeah. I think it was over ten years ago.
Q. And was that personal bankruptcy or business?
A. It was personal.
Q. Was it when your husband was still alive?
A. Uh-huh.
MR. LARSEN: Yes?
Q. (BY MS. DUKE) Yes?
A. Yes.
Q. Any other times that you filed bankruptcy other than that?
A. Way back when we first got married.
Q. You and your husband?
A. Yeah.
Q. Your third husband?
A. My third husband, yeah. That would have been

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30 -- wow. We got married in '66, so it was probably about 1967. Way back.
Q. Were both of those bankruptcies discharged?
A. Yes.
Q. Any other bankruptcies?
A. No.
Q. And have you ever been charged with a crime?
A. No.
Q. We talked a little bit about this already, but I'll just do some follow-up with respect to kind of the counseling that you've done.
Was that more of a hobby versus employment -- or is that more of a hobby versus employment now?
A. It's more of a hobby.
Q. I mean, as I understand it, at this point, most of them are freebies, if not all?
A. Yeah. They're mostly all freebies.
Q. Have you operated any businesses other than -- was it Creative Power, Inc.?
A. Yes. I had another business called Starlight Essence.
Q. And when did you operate that?
A. I operated that -- oh, gosh. I think I quit operating with that one probably two years ago. I had it for about six years. Five or six years.

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Q. And what type of business was that?
A. It was a shop that handled crystals and essential oils and jewelry.
Q. Kind of like a holistic shop?
A. Uh-huh. Yes.
Q. And where did you operate that shop?
A. Out of my home here.
Q. And was it registered with the State, or was it just a self --
A. It was registered with the State.
Q. And when did you stop that business did you say?
A. I think it was two years ago. Two or three. Something like that.
Q. So '07 or '08 you think?
A. Probably '07.
Q. And why did you stop it?
A. Because of the condition of -- going with these legs, and what I was going through, the surgeries and everything, there was just no way that I could show people the stones and stuff like that.
Q. Did you stop it before you went into Portneuf in August of 2007, or after?
A. No. After.
Q. And have you started it back up?

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A. No. I sold off most of it.
Q. And who did you sell to?
A. To a lady in Boise.
Q. What's her name?
A. Sue Gaan.
Q. Like Sue and then --
A. And then Gaan. I think it's G-A-A-N.
Q. And when did you sell to her?
A. I sold it to her last year.
Q. Before selling it to her last year, were you -- you know, after coming home from the hospital and from PCRC, did you operate it at all?
A. No.
Q. And how much did you sell it for?
A. I don't know, because she's never figured up the price and sent me any money yet, so I'm still waiting. I brought it up the other day to her: "Don't you think we better add this up and see what you owe me here?"
Q. Just give me a ballpark of what you think it's going to be?
A. I know what it's worth if it was sold into the public. It was probably worth about $6,000. But wholesale would probably be about 3.
Q. Other than Starlight Essence and Creative

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Power, Inc., any other businesses that you've operated?
A. No.
Q. And as I understand it, in this case you're not making a claim for lost wages; is that correct?
A. Yes.
Q. And you're not making a claim of any loss of your business; correct?
A. No.
Q. So that's correct?
A. That's correct.
Q. Sometimes I don't ask it very well, and you're answering appropriately, but I've got to make it clear for the record.
Now, I see you have a laptop in front of you, so I'm going to ask the classic laptop questions that Mr. Larsen and I now ask everyone with the revolution in the last couple of years with social networking and those things.
Do you have like a MySpace or a Facebook or any type of those social sites --
A. I have a Facebook.
Q. You have a page that you keep up-to-date?
A. I don't keep it up-to-date. I just -- somebody sent me something that said, get on, so I got on, and that's what I did.

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Q. Sounds like me.
A. Yeah.
Q. Other than Facebook, any other type of social page?
A. No.
Q. Do you do any blogging?
A. No.
Q. Do you know what blogging is?
A. No.
Q. It's kind of where you get on and write a bunch of opinions about whatever people want to hear opinions about. There's millions and millions of sites out there where you can get on and kind of do a stream of consciousness, in my opinion, thought.
Do you do any of that?
A. No.
Q. How about Twitter? Do you know what Twitter is?
A. No.
Q. So I'm assuming no Twittering?
A. No. We don't Twitter.
Q. How about email?
A. Yes.
Q. You know, the internet research, that type of thing; have you done any research regarding, you know,

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M-R-S-A, MRSA?
A. Yes.
Q. And when have you done that research?
A. I think I did the MRSA maybe about a year and a half ago, something like that, to see what it was totally.
Q. Was that still when you were at my client's facility?
A. No. I did not have a laptop until I came home from -- that would have been in 2008. Probably August, September, sometime in there?
Q. Of '08?
A. Of '08, when I got -- my friend brought me a computer over to give me something to do.
Q. And is that probably when you started researching MRSA?
A. No. I didn't research MRSA for a while on that. It took me a while to learn how to run a computer. I'm still not great at it.
Q. And do you have any of the research -- did you print any of the research that you did on MRSA?
A. I never print.
Q. Do you save it anywhere on your computer?
A. No. Don't know how to do that one. I just read it and delete it. That's all I do with it. I

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research lot of things.
Q. Did you do any research on the Idaho Secretary of State page with respect to my client?
A. No, I didn't.
Q. Have you done any research at all regarding my client?
A. No.
Q. How about any other research related to this case at all?
A. No.
Q. So it would just be the MRSA research?
A. Yeah. It was just the MRSA. I wanted to know what it did and how it acted. Yeah.
Q. Based on that research -- I mean, tell me what your understanding is of MRSA.
A. It's pretty scary.
Q. And tell me about it.
A. To my understanding, it stays in the body for your whole lifetime. It can crop up at any time it chooses. You know, like if you get another sore or something, it can pop up. You can lose limbs from it. You can die from it. You can get very, very sick with it. That's basically -- you know, it's just a nasty, nasty disease.
Q. Do you have any understanding as to how people

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can contract it, based on your research?
A. Yes.
Q. And what's that understanding?
A. It can be contracted in the air, and that's a certain kind of MRSA that does that one. Any drippings off of a MRSA patient, if other people are walking and pick it up. If they've got a sore on them or something, and they pick it up. If you didn't wash your hands, you can spread it.
If you don't wear gloves when you go into a MRSA patient's room, you can bring it out and contaminate other people. It can be -- you know, it can get on stuff, and you can touch it. If you've got a sore, it can spread through your system. You can get it through needles. There's just all kinds of ways that you can get it.
Q. So you understand there's all kinds of ways you can get it?
A. Yes.
Q. Anything else notable that you remember from any of the research that you did with respect to MRSA?
A. I don't think so. I think it was basically on how people get it, you know, what it can do, you know, and most of it is just not being clean.
Q. Did you read about any treatments or anything

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like that that are available?
A. They did talk about different, you know -- they can cut your leg off. That was one of the treatments, if you get it in there. They can use antibiotics to treat it.
That's basically the biggest treatments that they do do, because it gets into your blood, and then, you know, basically it takes an antibiotic to really -- and you never clear it up totally. What you do is you corral it. And that's what the antibiotic does.
Q. When is the last time that you've driven a car or a truck?
You know what I mean? I mean any type of vehicle.
A. Oh, my gosh. That would have been back in -- probably either the end of '06, first part of '07.
Q. And why did you stop driving?
A. It was too hard, when I would get in there, to get this leg to get in. I would have to pick it up and literally put it in to go up to therapy.
Q. The left leg?
A. Uh-huh.
Q. Yes.
A. Yeah. Very painful. I was trying to think of the last time -- oh, right before they put me in the

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hospital. I think it was about a week before. They took me out in the wheelchair, and they helped me get into the car, and then they went with me to the doctor.
Q. Did you drive?
A. I drove.
Q. And other than that, have you driven since?
A. No.
Q. Do you maintain a diary --
A. No.
Q. -- or a journal or any type of place where you put down your thoughts?
A. No.
Q. How about a calendar that maybe has relevant events on it, or anything like that?
Kind of documentation of what's going on with you, how you're feeling.
A. Huh-uh. No.
Q. Now, I saw you had a green book earlier that you looked into.
What is that?
A. That's my phone book. It has all of my phone numbers and my friends, and so that keeps all of my -- all of the people there I need to talk to.
Q. All of your contacts?
A. That's right.

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Q. Do you have any audio recordings of any conversation with anyone from my client, either a past employee or a present employee?
A. No.
Q. How about video recordings?
A. How about what?
Q. Video -- audio or video?
A. Oh, no. Neither.
Q. How about written statements from any employee or ex-employee from my client's facility?
A. No.
Q. Do you have a home health agency that helps you now?
A. Yes.
Q. And who is that?
A. Access Home Health Care.
Q. How long have they been helping you?
A. Oh, over a year, I believe.
Q. I saw a record when you were with Creekside -- and it was January 22, 2009 -- that you were going to get a new home health care agency.
A. Uh-huh.
Q. Is that Access that became your new one?
A. Yes, it is.
Q. There's not one in between those two?

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A. No.
Q. Are you doing okay so far?
A. Oh, I'm fine, honey.
Q. I just want to make sure. So like I said, if you need a break, just let me know.
Let me just ask you some kind of basic, medical concepts from the standpoint of: You've had a lot of involvement with doctors, as I understand it, over the last about four or five years?
A. Yes.
Q. And as a patient, I guess, you know, what's your general feeling with respect to the medical profession?
A. What is my feeling about the medical profession?
It has its place, you know. In our area, we do not have the very best doctors or specialists or people that are -- really know what they're doing. I guess they're okay. You know, they have their place. Preferably I don't like going to doctors.
Q. And do you understand that, you know, when a doctor asks information from you, that it's important for you to be thorough in providing that information to the physician?
A. Yes.

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Q. And that they will use a lot of that information you're providing them to kind of decide what's going on with you and how they feel you need to be treated?
A. Yes.
Q. So I assume that when you talk to your medical providers, whomever it may be -- whether it's a nurse or a doctor or a physical therapist or a home health aide, or anybody that fits in between those -- that you're going to be honest and truthful with them?
A. Yes.
Q. And you're going to be up front and forthright and provide as much information as you feel they're asking?
A. Yes.
Q. And you would agree that that's an important thing for you to do with respect to your medical condition and medical treatment?
A. Yes.
Q. Do you also feel that it's important that patients should follow the medical advice of their medical providers?
A. That depends.
Q. And what does that depend on?
A. Well, let's just say that if a doctor's going

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to prescribe, say, a certain drug, and there's a lot of bad side effects, there are other ways of treating rather than just a drug.
Q. Any other examples?
A. Well, if I didn't like a drug that they were going to give me that had a lot of bad side effects, I would refuse the drug. I would treat it alternatively.
Q. Any other examples beyond that of when you would not follow a physician or a medical provider's advice?
A. If I thought it was endangering my health.
Q. Any other examples?
A. I think that would be about it.
Q. If you were told, for instance, any wounds that you have on your body, that you need to leave those be and not touch them or put anything on them, would you follow that advice?
A. If that advice was given, yes.
Q. And as I understand it, you're suffering from diabetes?
A. That's debatable, for the simple fact I never had diabetes until they put me in the hospital, and the blood sugar was a little bit high, and the doctor said, "we want to give you insulin."
And I said, "No. I don't want that in my body.

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I know what it does."
He said, "Well, we need to bring the blood sugar down so we can heal the wounds on the leg."
And I said, "Well, you can do that, but as soon as those are healed, I want off the insulin."
He said, "And that's fine."
Q. And did you understand it was important to get your blood sugar to a lower level in order to assist with the healing of the wounds?
A. Yes.
Q. And so you agreed to the insulin therapy?
A. Yes.
Q. Are you still on insulin to this day?
A. Yes.
Q. And were you also provided a special diet to follow?
A. They've told me certain things to eat and that, but in the position that I'm in, when people can only run in and run out, you can't have somebody cook you up a, you know, four-course dinner, and say, well, you know, here you go.
You're lucky if you get a corn dog or a hamburger or, you know, a sandwich. So it's really hard to follow that right now until I can become more, you know, independent.

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Q. Do you agree that patients also share a responsibility with respect to their health?
A. Yes.
Q. And that if there is a course of treatment that you don't feel is harmful to you, that you should follow that if it's been recommended to you by your medical provider?
A. Yes.
Q. Have you had any medical providers that have told you that you shouldn't be having candies and those types of things?
A. Yes.
Q. And have you followed that advice?
A. I follow it pretty close.
Q. Do you recall ever refusing to be on a diet, even if your life depended on it -- saying that to anybody?
A. I don't recall saying that to anybody.
Q. Do you think that is something you would say to somebody that was a medical provider?
A. Well, if my life totally depended upon it, I would probably do it.
Q. Do you self-inject the insulin?
A. No.
Q. And why not?

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A. Because I'm not putting poison in my body. If they want to do it, they can do it, but I will not do that.
Q. And is that -- is that a spiritual or religious belief you have?
A. It's a spiritual belief, yes.
Q. I know in your research that you did with respect to MRSA, that antibiotics were certainly a course of treatment that you could be provided.
A. Yes.
Q. And you were provided antibiotics for MRSA on multiple occasions?
A. Yes.
Q. Did you understand it was important that you follow through with that antibiotic regimen?
A. Yes.
Q. And that you not stop it on your own?
A. Yes.
Q. And that if you did stop it on your own, you actually could be, you know, making the infection worse or certainly not getting better?
A. Yes.
Q. And do you recall ever ceasing the antibiotics on your own?
A. No.

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Q. That's not something you would do; correct?
A. No. Absolutely not.
Q. I mean, you know that that would be absolutely critical to follow a doctor's advice with respect to antibiotics?
A. Yes.
Q. And would you ever -- and I'm kind of talking about this time frame when you're home, so January of 2008, February of 2008, and March of 2008 before you go in for your hip and knee.
A. Right.
Q. You had been advised by your medical providers not to touch your wounds with anything; correct?
A. No.
Q. You don't recall them telling you that?
A. No.
Q. Did you do anything with your wounds during that time period?
A. No. They treated them with what they wanted.
Q. Did you do any treatment or have anyone help you with treatment that was of a holistic nature?
A. Not when the doctors were treating. Before I ever went into the hospital, we treated holistically for it.
Q. But once -- and I'm talking about kind of this

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January, February, March 2008 time frame.
A. Uh-huh.
Q. During that time frame, you were not using crystals or holy water or anything like that on your legs; correct?
A. No.
Q. Correct?
A. Correct.
Q. Because at that point you had an understanding that you should not be touching those areas, because it could further infection and make things worse?
A. Exactly, yes.
Q. And sometimes when I pause, it's just to see if I have anything else to ask and then I'm moving on. So bear with me. It's not like TV where we're just boom, boom, boom every moment.
A. Right.
Q. I'm going to shift gears on you.
A. Okay.
Q. And what I'd like to do is chat with you about your current medical care that you're receiving. And I know we've talked a little bit about -- Access is now your home health provider?
A. Right.
Q. So tell me about Access.

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You've been using them for, it sounds like, a little over a year?
A. Yes.
Q. And what are they doing for you?
A. They come in in the morning, and the nurse flushes the PICC line that I have on, and then she does the vitals, gives me the shots of insulin. Then I have a CNA --
Q. From Access as well?
A. Uh-huh. From Access. She gives me my bath, and she fixes my breakfast, puts my clothes in the washer, and just makes sure that I'm comfortable before she lives.
Q. Does she come in every day?
A. Every day.
Q. And same with the RN?
A. Yes.
Q. Just once a day for each?
A. Yes.
Q. And then do you do blood sugar checks throughout the day?
A. My friends do it for me. My friends and family.
Q. Why don't you do that on your own?
A. I'm not sticking myself with a needle. Would

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you?
Q. Kind of the same concept of --
A. That's right. It's a spiritual belief.
Q. That's what I was getting to.
A. Yeah.
Q. How often do you do your blood sugar?
A. How often do we do it?
Q. Yeah.
A. They check it at lunchtime usually. Sometimes they'll miss if they're in a real big hurry. Then we check it at bedtime.
Q. How about before breakfast?
A. Yes. The nurse does that one.
Q. So three times a day about?
A. Yes.
Q. Do you keep track of it on a log or anything like that?
A. We do.
Q. And where do you keep track of it?
A. We have a little gray thing from Access that we write it down in.
Q. And then do you give that to Access?
A. No. Access leaves it here. The blood sugars usually run pretty consistent. So, you know, if they don't write it down, it's not a big deal. We just give

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the insulin and...
MS. DUKE: Reed, are you okay with us getting a copy of that from you all at some point?
MR. LARSEN: Sure.
MS. DUKE: Great. Thanks.
Q. (BY MS. DUKE) So Access sends the RN and the CNA.
Why did you switch from Creekside to Access?
A. I was having a lot of problems with Creekside and their nurse that was my caseworker.
Q. Who was that?
A. Oh, what was her name?
Q. And I may have it, too. If you can think about it, great, but I can look.
A. I'll think about it here. I can see her face. What's her name? Nikki.
Q. Nikki Urig?
A. Yeah.
Q. And what were the issues that you were having with Nikki?
A. The issues that I was having with Nikki is that every time she would come in here, and if we would just be having a conversation or something, she would take that conversation and leave the house and spread it around. And a lot of times she would twist and turn it.

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And they broke a HIPPA law by taking a report and sending it to my sister across the internet that if I didn't do such and such, that I would probably have to find another company. And my sister brought me that letter.

And I said, "Where did you get this?"

And she said, "Well, Georgia sent it to me from Creekside."

I said, "What is she doing sending you my information? You don't have permission to have my information." So then that's when I called James. And James stepped in, and we had a meeting.

Q. Who is James? Sorry.

MR. LARSEN: Ruchti.

THE WITNESS: Ruchti. James Ruchti.

And when Nikki had come to the house, I said, "Nikki, did you say this stuff?

"Well, yeah."

I said, "Why?" I said, "You know that's not true.

"Well, I don't know."

I said, "Well, do you realize you just broke a HIPPA law?"

She goes, "Well, yeah, I guess I did."

I said, "Yeah. And you're going to be talking

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to my attorney." I said, "That is private information, you know." And so we had a big meeting here, and James came.

And they were -- I was having trouble with their physical therapist. One of the physical therapists came in, and she sat and talked to me, and she says, you know, "Yeah, you've got the broken hip. There's no way we can transfer you out of bed, you know, like on the slide board or get you to walk or anything because you've got this broken leg, and you haven't walked on this one for two years almost." And she says, "So don't worry. We'll just exercise you."

Well, that went on for about three weeks and everything was hunky-dory. Then pretty soon she comes in and she says, "Well, I'm going to bring a slide board in."

I says, "Well, I suggest you set it against the wall, because you're not putting me on one of those. You're not going to cause me that kind of pain." And so she just got a little huffy with me. And I said, "Don't get huffy with me." I said, "I pay your bills, you know."

And so she went back and she said something about, "Well" -- what was it? Something to do with I had missed an appointment or something. And I had been

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sick. I had had like the flu or something. And I called and I told them, "I just don't feel like doing this," you know. And then I waited and waited for them to call back, and they never did, you know. And then finally they got so many -- I called them, and I said, "What's going on? You're supposed to be doing physical therapy.

"Well, you refused."

I said, "I refused because I was sick." And I said, "I called back, and she never answered." I says, "And" -- you know, I said, "This is ridiculous." So then they brought somebody else in, you know, and they worked with me for a while. And then they said, "Well, we're going to bring a slide board in."

I said, "Don't even go there with me." I said, "We've had this conversation before, and we're not doing the slide board." I said, "There's no way that hip moves. It's not attached to the body."

And so then that's when everything came down and that letter came out that my sister brought me that I had refused to take some physical therapy, and, you know, so then we called them in and James was here, you know.

And so we had all of the facts there, and it was just amazing how they lied. And they would sit

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there and look at each other and just, you know -- and James would catch them on it every time, you know. And we could have sued them, but we said, "No. We're not going to mess with you guys."

So I just fired them. I said, "That's it, you know. I'm not putting up with this." So there was a lot of trouble with Nikki. Nikki is a -- she causes a lot of trouble in that company, and most everybody will tell you that, you know.

Q. (BY MS. DUKE) And did you actually tell them that you were terminating them because of Nikki?

A. Yeah. They knew. They knew. They absolutely did. And they had things in the report that had no business even being in there. James called them on it.

"Well, we write down everything."

And James says, "This has nothing to do with your work, you know."

Q. Prior to you moving from Creekside to Access, do you recall Creekside telling you that they were no longer going to be caring for you simply because you were able to do your own insulin and your blood sugar tests?

A. They told me -- the one day she came in and she gave me the insulin, she goes, "Oh, well, I'm going to tell you; I can't come back. They've changed the rules

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on Medicare, and so I won't be back."
And I said, "What?" I said, "Who's going to do my insulin and that at lunch?"
She goes, "Well, I guess you'll just have to find somebody." And so off she goes. And so I'm calling, you know, everybody I can think of, you know, to make sure that that was done. And, I mean, it was amazing. One of the nurses showed up the next morning, and I said, "Well, what are you doing here?"
And she goes, "Well, I came to give you your insulin and check you out here."
And I said, "Well, didn't they tell you that they just stopped it? That was it."
And she said, "They what? They didn't train anybody or anything to come in and do this for you?"
I said, "Nope. They just said that's it. Bye." She went into that office, and I guess she ripped them one for 45 minutes. She cried she was so upset. She said, "I can't believe you would treat a patient that way."
Q. Who was that?
A. That one was Courtney.
Q. That went into the office, and said, "I can't believe you would" --
A. Yeah. That was Courtney.

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Q. And what is Courtney's last name?
A. I don't know, but she's -- I think she's still with them.
Q. Thompson? Do you think it's Thompson?
A. Okay.
Q. I don't know. I just have a "C. Thompson." I wasn't sure if that's her.
A. I don't know.
Q. Was she an LPN?
A. Yeah. She was an LPN. I don't think she was an RN. I think she was an LPN.
Q. How about DR Smith, a nurse?
Any issues with her at all, or was she okay?
A. I think -- which one was she? I think she was okay. I did have some problems with people stealing.
Q. I was going to ask you about that. I saw something about a meat incident.
A. Yep. They were taking it out of the freezer. They'd go out to the garage, unlock the door, and when they'd leave, then they'd just go around and go into the door and take meat out of the freezer and leave.
Q. Let me get back to DR Smith.
A. Oh, okay.
Q. With respect to her, you don't remember any issues with her, having any problems?

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A. I'm trying to think of which one she is.
DR Smith? Does it have a first name there?
Q. It doesn't. It only gives initials. That's what was on the medical record.
A. Is she an LPN?
Q. RN.
A. She's an RN. No. I don't think so. I did have trouble with one of their nurses hitting me, you know. Threw stuff on me because she was upset that she had to get me ready for bed, and, oh, man.
Q. What nurse was that?
A. She was out of Blackfoot. Susan was her name. And she came in, and I says, "Well, you have to give me my shots and get me ready for bed.
"Well, I don't have time for that. I've got these other patients."
And I said, "Well" -- she says, "Where is your CNA?"
And I said, "We only get a CNA once a day." I said, "This is your job. This is what you get paid for.
"It isn't my job." And she had these gloves on, and I says -- she says, "Well, where is your night gown?"
I said, "It's right there."
She looks. She says, "Well, I don't see it."

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I says, "Well, go look in the dryer then."
So she goes in and looks in the dryer, and she comes stomping back in here, and she goes, "Well, it's not in there."
And I said, "No, because it's right there."
So she finally gets it, and she comes over. And then she was just doing some things, and she rips her gloves off, and she throws them down on me and just was having a tizzy fit.
Then she hit my table, and I had a bowl of popcorn on it. And she hit that, and it went everywhere. So then she had to clean that up, which made her very unhappy. And I was kind of chuckling to myself thinking, well, you should be nicer to people and that wouldn't happen to you. So she stomps out of here.
And so when Nikki came the next morning, I told her, I said, "Don't you ever, ever let that woman in my house again." And I filed a complaint against her.
Q. With the company?
A. Yeah, I did.
Q. Do you know what happened with that?
A. Well, it's funny. They said they just didn't -- couldn't find it. Didn't have one. And I gave it to Nikki who supposedly -- and I called the company. I said, "Don't you ever send that nurse in

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here again ever, ever." They sent her in four more times. Yeah. So I have a lot of issues with the way Creekside was doing things. And I said --
Q. Did you like Nikki, though?
A. I liked her except for she couldn't keep her mouth shut.
Q. Beyond that, though, I mean, did you feel she cared for you well?
A. She was a great wound nurse. Very, very good.
Q. And was honest with you?
A. Yeah.
Q. Other than that incident with the nurse that you just talked about throwing the gloves on you, did anybody else ever throw anything at you from Creekside?
A. No.
Q. Do you recall Creekside actually doing any type of education with you and telling you that they would help educate some of your family members or friends to do your blood sugar and insulin?
A. They were talking about it earlier before what's her name came in. I think it was a couple of weeks earlier or something. And they said, "We can train your family and that," but they never set anything up to do it.
Q. And did you ever tell them that because they

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weren't going to be coming in anymore, that you were just going to stop your insulin cold turkey?
A. I could have said that. I'm not sure.
Q. You don't remember whether you did or didn't?
A. I did come off of my insulin after my surgery, not last year but the year before. I came off of my insulin, and I did fine. I did absolutely fine until we got some infection going in this hip, and then it flared it again.
Q. Do you remember if in January of 2009 you were threatening to go off of your insulin?
A. I don't think I did.
Q. Kind of going back on some of what you've talked about as to why you switched to Access, the letter that was sent to your sister, describe for me what was being said in the letter as to what you were failing to do and what Creekside was saying you needed to do if you wanted them to continue with their services?
A. What they were saying was that I had refused physical therapy, and that if I didn't comply, then I would have to find another company. And I had only refused it twice, and that was because I was sick both times. And then they said, oh, well, they never got that call.

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Q. Anything else that they were saying in that letter that you recall?
A. That was basically what it was stating was just that.
Q. And why did they send it to your sister?
A. Well, my sister has a friend that works for Creekside, and so she sent it over to my sister because she thought, oh my gosh, Judy is not going to have any care, so she just better clean up her act over there and have her physical therapy.
Q. The friend did that?
A. Yeah. And so she sent it over to my sister.
Q. The friend sent the letter?
A. The friend sent the letter -- that worked for Creekside -- over to my sister at her work.
Q. So it wasn't one of your care providers, it was a friend of your sisters who had heard this through other people?
A. Yeah. From Creekside, yes. Because she worked for Creekside. Yeah.
Q. Was it a letter or an email?
A. It was an email. And then we printed it off.
Q. And we may have a copy of it. I don't know if we do or don't.
MR. LARSEN: You should.

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THE WITNESS: You should have a copy.
MS. DUKE: I'll double check. I'm sure we do.
THE WITNESS: There should be a copy of it.
Q. (BY MS. DUKE) Any other problems with Creekside that you haven't already related?
A. Let's see. We had the meat stealing, the lady threw the gloves on me, what's her name was spreading shit all over that wasn't even true.
Q. Yeah. What was that, I guess?
Who was spreading stuff?
A. Nikki.
Q. Nikki. And what was she spreading around?
A. Just a lot of different crap that just -- anything you told her, you know. Like if you said, you know, so and so went out and got drunk or something, she runs out there and she tells everybody, you know. And she's not supposed to tell anything, but she goes out that door. Not a thing, you know.
Q. Can you think of any other examples?
A. There was just a lot of it. I mean, there was -- it just got to where it was ridiculous, you know. And James called her on it, you know.
Q. Can you think of any examples as you sit here?
A. Well, it was like the phone calls that they -- you know, that I made and they said they never got.

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Then Nikki had put in there and had told everybody that I had a lawsuit going, which did not pertain to anything that Creekside should have even known about, period. And she had it in the report there, and James called her on it and said, "What is this doing in here?"

She goes, "Well, we write down everything."

He goes, "This does not pertain to her medical treatment, period. Where in the hell did you go to school?"

She says, "Well, I went up at ISU."

He said, "Well, I suggest maybe they better learn how to teach their people" -- he said, "I've been reading these for years. Never ever was shit like this in the report." He said, "You get that out of there now, you know."

Now, whether they ever took it out or not, I don't know. They were supposed to. But they seem to lose a lot of things, too, you know. I would call, and I would say, okay. I want this report, and this report, and this report. I want to see what you guys are doing here. Half the time we didn't get them.

Q. Any other examples of Nikki going out and spreading things that you can think of?

A. I can't think of a whole lot. I know that there was a lot of trouble with her, and I just -- and

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everything else that went on with them; the stealing and the -- I thought, I'm not putting up with this. I don't have to. I'm paying you guys for this.

Q. Do you recall exactly what you wanted removed from the medical records?

I saw a reference to that. Was it about the lawsuit?

A. Yes.

Q. And was that the Ripley's lawsuit (sic)?

A. Yes.

MR. LARSEN: Ridley's.

MS. DUKE: Ridley's. I'm sorry.

THE WITNESS: Ridley's.

Q. (BY MS. DUKE) Was that all that you wanted removed from the records was reference to that lawsuit?

A. I can't remember. There was some -- I think some other things that James wanted out of there that didn't pertain to my medical and that. You guys have got all of those records. So...

Q. Would you -- it sounds like James would read these records, I guess, pretty regularly, or is that something that you do was have -- whenever you're having medical care provided, you're reading the records and having an attorney read them?

A. It depends on the situation.

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Q. And in that situation, it sounds like you were doing that?

A. Yes, I was.

Q. And why was that?

A. Because they broke a HIPPA law. And when you break a HIPPA law like that and reveal medical information, you're in big trouble, you know.

Q. And from that point forward then, were you having your attorneys read the records?

A. Yeah. James was reading it and told them what he wanted off of it. And he talked to Creekside's attorney a few times.

Q. And who is Creekside's attorney, do you know?

A. He's out of Salt Lake. He was supposed to have been here that day, and he didn't. So James says, "Well, do you want to put him on the speaker phone or whatever, you know?" I can't remember if they did or not. James did speak with him.

Q. Now, kind of in your regular course -- not talking about your attorneys, but just you -- do you get copies of Access's medical records now to see what they're putting in there?

A. I see the report every day of what they do with me, because they check it off, and then I have to sign it, but Creekside was not doing that. They were not

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doing -- like leaving -- so, you know, really, basically, they're supposed to leave it with you, but -- and Creekside didn't do that.

Q. So you'll read the report every day and then sign it?

A. Every day I read it.

Q. How about medical records with any of your physicians or anyone like that; do you ask for copies of those to read?

A. No, I usually don't.

MS. DUKE: Why don't we take just a quick break.

(Break taken from 11:27 a.m. to 11:37 a.m.)

Q. (BY MS. DUKE) So let's turn to medical conditions that you had prior to your admission to Portneuf in August of 2007.

A. Okay.

Q. So what I'd like to do is just kind of have you, if you could, recap for me at least what you were going through prior to that time with your body?

A. Okay. I basically had been very, very healthy since I had first had my hips replaced for many, many years. Then -- I was trying to think here -- I ended up with a blood clot in this left leg from when I fell, and I -- and I can't remember if it was the fall at Ridley's. Because I had to sit because of that pain in

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that sciatic nerve.
And it was. It was Ridley's. And so a blood clot developed in that leg, and so they got rid of that. Basically, I think it was pretty good. And then there was -- down the road there was a little bit of thyroid problem.
MR. LARSEN: And, Keely, just for the record, when you refer to your client as Portneuf --
MS. DUKE: No. Not Portneuf. PCRC, yeah.
MR. LARSEN: That's what you've been calling them is Portneuf.
MS. DUKE: Oh, I was meaning her admission to Portneuf, then she was, like five days later, transferred to PCRC.
MR. LARSEN: Okay. I just wanted to make sure we were clear.
MS. DUKE: No. That's a good clarification. But, yeah, that's what I was -- Pocatello Care is obviously my client.
MR. LARSEN: Right.
Q. (BY MS. DUKE) And you were at Portneuf first, and then I understand --
A. Correct.
Q. -- that you went into Pocatello Care a little bit later?

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A. Yeah. To treat my wounds.
Q. Yeah.
A. Yes. But basically I never went to doctors. I was always healthy.
Q. Prior to that admission?
A. Yes.
Q. And that admission being in August of 2007 to Portneuf, and then ultimately to my clients, Pocatello Care Facility?
A. Right. The blood clot was before that, but it was from when I had fallen and having to sit.
Q. So prior to that time you had a thyroid issue, what was that issue?
A. They said the thyroid was a little bit high, but they hadn't tested that for a long, long time. And I think they tested that right before I went into the hospital. And I can't remember if they tested it before that, but it wasn't -- they just had me on a little bit.
Q. How about any back problems or sciatica, anything like that, again, prior to August of 2007?
A. Okay. I had -- when they replaced the first hip, they damaged the sciatic nerve so we had numbness in that leg. We still have numbness in that leg. So, yes, there was that, but it didn't seem to detour me from doing anything.

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Q. The numbness in the left leg?
A. Right. I mean, I could still walk around. It was numb. I couldn't feel anything but still walking around.
Q. How about any hip pain prior to August of 2007?
A. There really wasn't hip pain, except where they were treating that sciatic nerve and it was really a broken pelvis. So prior to that, no.
Q. But, I mean, obviously you were having some significant issues, given that you were now bedridden at that point?
A. Right. So there was the hip pain, yeah. Prior to that, yes. I was thinking here I was in the hospital.
Q. When did that hip pain start?
A. When I took that fall at Ridley's.
Q. And that was in that 2005 time frame?
A. Yes.
Q. And have you had that pain in your hip since?
A. Yes.
Q. Both hips or just one?
A. Just the one.
Q. Left or right?
A. Left.
Q. And as I understand it, you had a lawsuit

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against Ridley's with respect to injuries related to that fall?
A. Yes.
Q. And one of the claims you were making in that lawsuit was related to the fact that it significantly hurt your hip?
A. Yes.
Q. And caused you pain in your hip that was constant?
A. Yes.
Q. And is that still the case?
A. Yes.
Q. What other injuries were you claiming were caused by the Ridley's fall?
A. There was pain in the shoulders and in the back, I think in the neck. I think that was about it.
Q. Now, are those still pains that you have to this day?
A. I still do have problems with, yes, my shoulders and -- yeah.
Q. You still have shoulder pain?
A. Yes.
Q. And the back pain?
A. Yes.
Q. And the neck pain?

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A. Yes.
Q. And that's all, as you understand it, from the fall at Ridley's?
A. Yes.
Q. What other damages?
Any headaches or anything like that that you were claiming in the Ridley's lawsuit?
A. There was some headaches, yes.
Q. And are you still having those?
A. No.
Q. And the headaches you were claiming were a result of the fall?
A. Right. Yeah.
Q. Any other problems you were claiming with your knees or anything like that?
A. No. Because this leg is numb, and I can't feel that knee.
Q. The left leg?
A. Yeah.
Q. You can't feel the knee at all?
A. Yes.
Q. And that's from the sciatic nerve impingement that you had as a result of your 1993 hip surgery?
A. Yeah.
Q. It was damage to the nerve?

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A. Yes. When they laid that sciatic nerve out.
Q. So can you feel anything on --
A. No. Like when I touch.
Q. And you haven't been able to feel that since your hip surgery?
A. Not since the first one.
Q. And when I'm saying the first hip surgery, yeah, I mean the replacement surgery.
A. No. I have not been able to feel.
Q. Any other damages you were claiming in the Ridley's lawsuit?
A. I don't believe so.
Q. And I understand that that settled for a confidential amount?
A. Yes.
Q. Since we're kind of on that -- and then I'll go back to your prior medical conditions -- did you also have a lawsuit against Shopko?
A. Yes.
Q. And when was that lawsuit?
A. That was back in 2003, '4, '5. Right in there.
Q. And what was the result of that lawsuit?
A. What was the result of it?
Q. Yeah. Was it settled?
A. Yes.

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Q. For a confidential amount?
A. Yes.
Q. And who were your attorneys?
A. On Shopko I had Charlie Johnson.
Q. Is he an attorney in Pocatello?
A. Yes. He's an attorney here in Pocatello.
Q. And then for your Ridley's lawsuit, who was your attorney?
A. It was Jesse Robison, and then he turned it over to --
MR. LARSEN: Our office.
THE WITNESS: Yeah. To their firm. I've got so many attorneys I don't know what I'm doing.
Q. (BY MS. DUKE) And the lawsuit against Shopko was a result of a fall?
A. Yes.
Q. And what happened there?
A. They had a great big huge hole when you came out the front door, and I was wheeling my basket out, and I stopped before I crossed the road, you know, to look. Well, my wheel got stuck in that big hole, and when I went to push, I had to push hard on the handlebar. And when I did, that cart came up like this and hit me and threw me right out into the middle of the road.

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Q. So it kind of reared up like a horse would?
A. Uh-huh. And threw me into the middle of the road. And, of course, then I had, you know, shoulders and neck and all of that. So...
Q. And were those what you were claiming damage was in that 2003 case?
A. Yes.
Q. And tell me -- just describe the damages that you were claiming in that case.
A. It was the shoulders, the neck, I believe the back. Because I landed on my face, so it was mostly, you know, trauma to this area.
Q. Oh, your head area and face?
A. Yeah. Because I landed right on my face on that is what happened. So those were the...
Q. Any other lawsuits -- that are personal injury, I should say --
A. I hope not.
Q. -- where you've had a fall?
Anything like that?
A. No.
Q. Now, I understand you're suing your -- an insurance company related to your husband's death?
A. No. It is related to my son's death.
Q. Oh, your son's death. Okay.

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Tell me about that lawsuit.
A. Okay. That lawsuit is -- my son had a big life insurance policy, and they were supposed to pay on it. And they did pay on it, but they did not pay the correct amount for the interest, and so we have engaged Cooper & Larsen to go in and pick up this interest. So -- because they didn't pay the full amount on it.
Q. And that's in the middle of a lawsuit right now?
A. Yes.
Q. Who was the recipient of the life insurance proceeds?
A. Myself and my son.
Q. 50/50?
A. Yes, 50/50.
Q. Any other lawsuits that you have brought against anybody?
A. No.
Q. And then there's a couple of lawsuits that were brought against you that looked like collection actions?
A. Oh, you mean like for -- I know what you're talking about. They've got a couple of liens on the house. Those were when my husband died. And they were credit cards that did not have insurance on them, and I had no way of paying them off, so I just left them out

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there.
And I told them I couldn't pay them, you know, so it went years. And evidently in the process -- and I didn't know that these companies could come in and buy these credit cards, you know. And so they would go in and buy it, and then they would send me a letter, and I would write and say, "Well, I'm sorry. I'm unemployed. All I get is Social Security. I cannot afford to pay this, you know." And then they'd sell it to somebody else.
Well, they sold it to somebody out of Boise, and they sent me a letter, and I called them. I told them -- I wrote them letters, you know. And then one day they came in and they served me some papers. And I said, "Well, what's this for?"
They said, "You're being sued."
I said, "By who, you know?" So I looked, and it was the credit card. Some guy, I don't know if he was a lawyer or who, out of Boise bought it. And so I called where they had the house, and I says, "Well, can they take my house or anything?"
She says, "No, they can't." She said, "And you don't have any money to pay them, so don't even worry about it." So I didn't. I threw it in the garbage, you know. So the next thing I know, you know, here comes

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another one, you know.
And I didn't know that they could sit there and accrue interest like that daily, you know, on a judgment. And so finally it had almost tripled itself. And I had to call my brother in and say, "What in the world are these people doing?"
And so he called them, and he goes, "She doesn't have any money. She doesn't have anything, so why are you even bugging her, you know?
"Well, we're going to put a lien on her house."
He said, "Well, you just go ahead and do that, you know." So he tried to settle with them and say, you know, if you'll accept this amount, would you wipe it off? Well, they never would get back with him. But they did stop accruing the interest, so that's what those are about.
Q. Any other lawsuits that you've been involved in either as a plaintiff or a defendant that you can think of?
A. I was trying to think if there's anything else. I don't think so. I don't think there is.
Q. So kind of going back then to prior medical conditions, I understand -- you know, we've talked about your hips and your knees and then your back issues, your neck issues, your shoulder issues, headaches, and then

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the deep vein thrombosis --
A. Right.
Q. -- the blood clot, and then a thyroid issue.
Any other medical conditions that you were suffering from prior to August of 2007?
A. No.
Q. What about ulcers on your legs?
Weren't you having those a couple of years prior to 2007?
A. No. No. Those happened right before -- let's see. I think it was in June, July, right in there, when those developed, and then we just treated them naturally.
Q. June or July of '07?
A. Of '07, yes. That's why the doctor wanted me in the hospital. When he saw them, then he said, "We need to get her in there."
Q. And so you don't recall ever being treated at the Idaho Wound Care and Hyperbarics for open wounds on your legs in November of 2005?
A. I had one that a spider bit me, and it -- and Dr. Baker treated that and got rid of that.
Q. But other than a spider bite treatment, you don't recall any other wounds that were being treated prior to August of -- or prior to the summer of 2007?

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A. No.
Q. After the deep vein thrombosis, you were put on Coumadin; correct?
A. Yes.
Q. And did you follow your doctor's advice with respect to the Coumadin?
A. Uh-huh.
MR. LARSEN: That's a yes?
THE WITNESS: Oh, yes. I'm sorry.
Q. (BY MS. DUKE) And you certainly understood that was important to do?
A. Yes. And then when I came off of that one, then I went onto the natural one.
Q. Did you take yourself off Coumadin without your doctor's approval?
A. No. I talked to him, and I told him I wanted to go on the natural, and he researched it, and he said, "Looks like good stuff."
Q. Which doctor was that?
A. This was up at Health West. There was one up there that was handling the blood clot thing.
Q. Let's see if I can get his name. Health West Pocatello. It doesn't give a name.
A. He was treating the -- he was doing a thing on the Warfarin.

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Q. Oh, it was Salness; is that right? Dr. Ty Salness, S-A-L-N-E-S-S?
A. Yeah. He was one of them. And then the guy that was doing the research on the blood thing -- they had a clinic or something on it -- he was handling that blood clot thing for me.
Q. And at that point -- in September of 2006, when we're talking about the Coumadin therapy and the Warfarin therapy, you were confined to a wheelchair, other than using a walker in the house; right?
A. Repeat that.
Q. You were confined to a wheelchair at that point and just using a walker in the house?
A. Not in 2006. That would have been -- the wheelchair did not come up until -- they put me in in '07 -- is when I went in there because I was having trouble with that hip.
Q. So you don't recall telling Dr. Salness that you were wheelchair ridden other than in your house with a walker?
A. Well, he knew I was in a wheelchair, but that would have been -- let me think here. No. That had to be 2007, because the blood clot was caused from when I fell, and I had to sit so long, and then it created a blood clot, and then we got rid of the blood clot.

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Q. But that --
A. And then was on a walker.
Q. And that's what I'm trying to get to.
After you fell, were you basically wheelchair bound at that point -- wheelchair ridden?
A. No. After I fell at Ridley's, then I was still using a cane, then I went to the walker, and then into the wheelchair. It was a process of those going in, yeah.
Q. Did you like your providers at the Health West Pocatello Clinic?
A. They were nice.
Q. Any issues with any of them?
A. No.
Q. And do you recall any of them telling you that they did not agree with your decision to take yourself off of the Coumadin, and instead wanted to see you continue on it?
A. Well, that one kid researched it -- the one that had the thing. Because I told him, I said, "There's serious side effects to this. I choose to use something natural."
And he researched it, and he said, "Well, it's good. If that's what you want to use, then you go ahead and do it."

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Q. And so what were you going to use that was natural?
A. What I use is Nattokinase.
Q. Did you tell him that the reason you wanted to get off of the Coumadin was so that you could get back onto the Norco -- you know, the nonsteroidal anti-inflammatory -- because they weren't permitting you to be on that during the --
A. Oh, exactly.
Q. Do you remember that?
A. No, I don't. Because that wouldn't have really had anything to do with it, except it was helping with inflammation. That's why they had me on Norco. I don't think it was -- one of them was Hydrocodone, and then they had me on another one that was an anti-inflammatory is what they had me on.
Q. Do you understand that you suffer from chronic venous insufficiency?
A. Yes.
Q. And what do you understand that to be?
A. What I understand it to mean, and what Dr. Baker told me, is when he ran a biopsy on this leg, he said --
Q. Which leg? Sorry.
A. This leg.

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Q. Left leg?
A. Left leg. He said that I carry a rheumatoid arthritis gene. I do not have rheumatoid arthritis, but I carry the gene, and that that's probably what was causing the ulcers. Like if you get a sore, then that gene will go in and it will attack that area and cause the sores and that. So he said that's, you know, what brought it on.
Q. And you don't recall in 2005 being treated by Dr. Baker for a two-year history of recurrent ulcerations on your left leg?
A. In 2005?
Q. Yeah.
A. He treated me in 2005, but it wasn't that long. He treated just a short while for that -- it looked like a spider bite down on my ankle.
Q. It was just one sore?
A. Yeah. It was just one sore, and he got rid of it. But he didn't tell me about the rheumatoid arthritis until they checked me in 2007.
Q. Did Dr. Baker, in November of 2005, talk to you about the fact he thought that you had some wounds on your leg because you had a chronic venous insufficiency?
A. He did mention something, I think, about that.
Q. And do you remember anything about that?

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A. Not a whole lot, because there was only the one sore. And like I said, he got rid of that.
Q. So if he were to say that he had been treating you for two years for a recurrent ulceration, and he's saying this in November of 2005, he's wrong about that?
A. Yeah. It wasn't a two year. I mean, it was just a short time, you know.
Q. And you weren't having to go to the hyperbaric center at all?
A. I did go in there to have them, you know, wrap this and treat it.
Q. What? Wrap what?
A. That one sore I had down on my foot. It was down by my ankle -- I think it was. It was just like a little black mark like when a spider would bite you, and then I picked the scab off, and then it did not want to quit bleeding, so I thought, oh, we have a little problem here. He treated me here at home for quite a while on the sores.
Q. What sores?
A. That was on this leg that they cut off.
Q. The left leg, sure.
A. Yeah.
Q. But what time frame was that?
A. That was in 2007. Yeah. In 2005 it wasn't a

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two-year -- it wasn't even a two-year period. I mean, I was having to pay out-of-pocket on that one. And it wasn't very long -- it didn't take him very long to heal that one up.
Q. So have you been using a walker since about -- well, sometime prior to November of 2005?
A. Prior to using -- not really.
Q. When did you start using a walker?
A. I usually used a cane. And if I was out in the yard watering, then I would use a walker to hang the hose on and drag it around so, you know, I didn't step in any holes or anything. But to use it constantly, no.
Q. So if in November of 2005 Dr. Baker were to say that you were using a walker to get around, that would not be accurate?
A. Okay. 2005. What month was it?
Q. This is after the Ridley's fall. It was November.
A. So that was the Ridley's fall. And the Ridley's fall caused the blood clot, which put me in the wheelchair. Some of these dates just are not meshing like they should.
Because Baker -- I didn't go to Baker -- I finished, I think, my last trip in to Baker on the day that I went to Ridley's and I took that fall, because I

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left there and then I went over to the grocery store.
So what year would that be in then? Because the Ridley's one was -- I think the Ridley's one was in November, because my son had died in September.
Q. From the standpoint of prior medical conditions, anything else that you recall having prior to August of 2007?
A. Other than what we've talked about, no.
Q. Do you remember any treatment for severe degenerative disk disease in your back at all?
A. No.
Q. Who is Dr. Page?
A. Dr. Page is a chiropractor that was working on me after I had -- after I had taken that fall at Ridley's, then we had physical therapy with Joni Vaughn, and then we called in Dr. Page to work on me. So he was trying to -- because he was working on the assumption also that it was the sciatic nerve when it was the broken pelvis. So that's who he is.
Q. What are your thoughts about him?
A. I really like Dr. Page. He's a good man.
Q. You think he's an honest guy?
A. Very honest. Very good.
Q. Do you still see him?
A. No.

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Q. When did you stop seeing him?
A. Right after -- well, right before I went into the hospital. I mean, he'll stop by if they mow lawns or something and talk to me, because he does that on the side, too. But as a patient, no.
(Discussion held off the record.)
Q. (BY MS. DUKE) Do you understand that Dr. Page saw you related to your fall at Ridley's?
He was trying to help you with your injuries after that fall?
A. Right, yes.
Q. And that it was his opinion that you lost your ability to walk as a result of that fall?
A. Yes.
Q. And also that you would require care at your home for the rest of your life as a result of that fall?
A. Yes.
Q. And did you agree with him on those things?
A. Well, I wasn't sure about the rest of my life, because, you know, we didn't know until we got in the hospital and they cut the leg off. But, you know, he may be talking about the care of like, you know, cleaning and things like that.
Q. Do you also recall him having the opinion that as a result of the condition in your knees -- which I

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guess is called hype genu varus -- that eventually he believed that your ability to move around would be significantly limited, but that the Ridley's accident made it happen earlier?
A. Yes.
Q. I assume you agreed with him on that?
A. Yes.
Q. And that he felt that you would need lifetime assistance, whether you were in your home or at an assisted living facility as a result of the Ridley's fall.
Do you recall that?
A. Yeah. I remember -- yes. I remember him talking about that.
Q. And at that point, I assume you didn't have any disagreement with him about that?
A. No. But I wasn't sure if that was really going to truly happen, you know.
Q. But that was all --
A. Yeah.
Q. -- a result of the Ridley's fall; correct?
A. Yes.
Q. Did you ever have any infections or anything like that prior to, let's say, June of 2007?
A. No.

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Q. How about any bouts with cellulitis or anything like that?
A. No.
Q. Again, prior to June of 2007?
A. No.
Q. And it's my understanding you did not have diabetes prior to August of 2007?
A. No, I did not.
Q. Who are your current medical providers?
A. I have some new ones now, and they call themselves -- it's Intermountain something -- Medical Clinic I think it is. Let's make sure. I wrote that in here in my numbers. Yeah. Intermountain Medical Clinic.
Q. And who is your physician there?
A. Bill Sabel is what his name is, I guess.
Q. Do you know how to spell that?
A. I don't. I don't know if it's Sabel or Sabel or how he pronounces it.
Q. And what does he see you for?
A. I'm having him handle everything now, because I wanted just one doctor.
Q. And when you say "everything" -- so what does he handle for you?
A. He -- like the diabetes, the thyroid, pain

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medication. I think that's about it.
Q. And how long have you been going to him?
A. I just went to him a couple of weeks ago.
Q. And why the change to him?
A. Because I do not like the doctors at -- up here out of the hospital and the nursing home. It's a group of doctors.
Q. What group are they, just so I know?
I may have their name, too.
A. Idaho -- let's see -- Pocatello Regional -- I can't remember what it is, but they all work for Dr. Cree.
Q. Is it C-R-E-E?
A. Uh-huh.
Q. So if I find his clinic, that's who it is?
A. Yeah. It's the clinic up there. But they handle anybody that comes in that hospital, you know. If you don't have a doctor, guess what, you get those guys. You don't have a choice.
Q. Who were you seeing there?
A. I was seeing Dr. Zimmerman. Dr. Ryan Zimmerman.
Q. And did you like Dr. Zimmerman?
A. I did. I liked Dr. Zimmerman. He was nice.
Q. And what was he treating you for?

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A. He was doing everything. You know, he was doing like the -- when I had him, he was doing like thyroid and all of that, pain medication.
Q. I assume the diabetes, thyroid, pain meds?
A. Yeah. All of the meds like that. And they would order like the blood tests, you know, every three months or something, see how everything was doing. Now, Bill on this -- the one -- Bill Sabel, he is not a doctor. He is a physician's assistant, so he works under -- I think it's Dr. Thayne and Dr. Mickelsen.
Q. But you've liked him so far?
A. Huh?
Q. You've liked him so far?
A. Yeah. I really like him. He spent 14 years in cardiology, so the guy's real smart. He's really nice. It's not: Well, this is what you're going to do, and if you don't, you're going to die.
It's like: Okay. What do you want to do? How would you like to treat this? Well, let's look at it. Yeah. So he's really, really good. I really liked him.
Q. Any other medical provider you go to right now currently?
A. No. I --
Q. Obviously you have Access Health that comes in?
A. I have Access. I used to have Dr. Babbitt.

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She was handling my thyroid, but I just wanted everything to one doctor, so I took it over to this new one.
Q. Do you remember where Dr. Babbitt was out of?
A. She's out of -- right behind the hospital. She has her offices in there.
Q. Anyone else?
A. I don't -- well, there's Dr. Selznick, the one that's going to do the surgery on this hip -- the left hip.
Q. And he's up in Blackfoot?
A. He's in Blackfoot. And he's going to have me see an internist before surgery.
Q. Who is the internist?
A. I wrote his name down here. Dr. Rosin, R-O-S-I-N.
Q. And is he in Pocatello?
A. No. He is in Blackfoot.
Q. Anyone else that you're going to?
A. That's it. I don't believe there's anybody else.
Q. Now, do you go to an OB-GYN at all?
A. No.
Q. Do you have an annual pap smear done by anybody?

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A. No.
Q. Mammograms?
A. No.
Q. Colonoscopies?
A. No.
Q. None of those things?
A. No.
Q. So as I understand it then, Dr. Bill Sabel is handling everything for you right now, from the standpoint of your diabetes, thyroid, pain medications, general aches and pains, those types of things?
A. Yes. Uh-huh.
Q. And then you also are seeing Dr. Selznick, and he is an orthopedic surgeon?
A. He's an orthopedic surgeon.
Q. Who is apparently going to do some surgery on your right hip?
A. Yes, he is.
Q. And other than those two currently, are you seeing any other providers other than Access Health?
A. Dr. Baker that just came in today.
Q. And what is Dr. Baker doing for you?
A. Dr. Baker is watching a little hole on this hip that was operated on.
Q. The right hip?

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A. Yeah. Because it opened up a little bit the other day and started bleeding, so we had to call him in to make sure that's closed, because the surgery's scheduled for the 25th of March.
MR. LARSEN: And just so the record is clear, is your surgery on the 25th of March on the right or the left?
THE WITNESS: The left.
MS. DUKE: Left. Okay. Earlier it was right.
MR. LARSEN: You earlier said right, so I wanted to make sure that was correct.
Q. (BY MS. DUKE) So left?
A. Yeah. He will do the left hip. He will just remove it and do a girdle back on it.
Q. And that was something that had been proposed in April of '07 to you as well; correct?
A. Yes.
Q. But they wanted to get the wounds resolved?
A. Yes.
Q. And you understand that that surgery is being done because of the fall that you had at Ridley's?
A. Yes.
Q. Now, did you have surgery on your right hip, too?
A. Yes.

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Q. And that was in '08; right?
A. Yes.
Q. And was that as a result of the fall at Ridley's, too?
A. Yes.
Q. And how about your right knee; have you had surgery on that?
A. Yes.
Q. And was that as a result of the fall at Ridley's?
A. I think it played a part in it probably. You know, you'd have to see the doctor's records to see what they would say.
Q. Do you have an understanding as to why you had that right knee surgery?
A. Because my knee wouldn't bend very far.
Q. That's fair.
Now, have you had left knee surgery?
A. No. They wanted to do it, but they can't, because the knee will not bend far enough to allow a new knee to be put in.
Q. And do you know why that is?
Have they explained that to you?
A. Probably -- I don't know if it's because of the fall, you know, which aggravated everything, too, or

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what. You'll have to see Selznick's reports.
Q. And Selznick is who performed your right hip surgery, your right knee surgery --
A. No. That was a doctor out of Salt Lake that did that.
Q. Okay. And who was that? I forget his name.
A. Okay. It's a good thing I have this little green book.
Q. Oh, I'm sure I have it in here, too. It was kind of in the spring of '08, wasn't it?
A. Yeah. They cut the leg off in April, did the hip, I think, in June -- June or July, and then I went home. Dr. Momberger did it out of Salt Lake.
Q. Sorry. What's his name?
A. Momberger.
Q. Like mom and burger?
A. M-O-M-B-U-R-G-E-R (sic).
Q. And he did your --
A. He did the right hip and the right knee.
Q. And the right knee. Okay.
A. Yes.
Q. Now, why aren't you going back to him for your left hip?
A. I don't want to go back to Salt Lake. It's too far to travel, and I think Dr. Selznick is a better

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doctor.
Q. Any other surgeries planned at this time, other than your --
A. I hope not.
Q. -- left hip?
A. Hopefully the left hip. That's as far as -- I think that's it, unless somebody pushes me out of bed.
Q. Well, hopefully that doesn't happen.
A. Hopefully, no.
Q. It's all Reed's fault if it does.
A. Yeah.
MR. LARSEN: I'll take blame.
THE WITNESS: You've got broad shoulders. You can do that.
Q. (BY MS. DUKE) From the standpoint of medicines that you're on currently, what medicines are you on?
A. I'm on Hydrocodone.
Q. And let's -- with each of them, let's just talk about how many times a day and how much.
A. Okay. And how much we're taking. Okay. Because we don't take a lot of medicine. We just don't. We're only doing this because we're in pain.
Q. I understand.
A. So it's the Hydrocodone. I think it's the 325. And I take them twice a day. Once in a while, if I'm up

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in the wheelchair, then I'll take one at noon.
Q. And where is the pain that you're having that you're treating?
A. This whole hip area.
Q. The left hip?
A. Yes. And we have a Fentanyl patch.
Q. For pain?
A. Every three days. And it's the lowest dose. It's 12.
Q. 12. And it's replaced every three days?
A. Yes.
Q. And that's for your pain?
A. Yes.
Q. And again, pain in the left hip?
A. Yeah. The pain in the left hip, and then it keeps the phantom pains away from having the leg cut off.
Q. Does it work?
A. Yes. It helps a lot. I mean, it doesn't stop it all, but, yeah, it does help a lot.
Q. And then the Hydrocodone is kind of for breakthrough pain?
A. Yes.
Q. And once you take the Hydrocodone, does that basically take you out of pain?

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A. It does, unless somebody moves me. Then if they move me, then watch out, here comes the pain. Because those parts are broken apart, and they're shifting in there. It feels like it's going to come out the side of your hip or out your butt. You can just feel those things moving in there. Yeah.
Q. All right.
A. And then we have amoxicillin, which is an antibiotic, 500 milligrams three times a day.
Q. Let me back up real quick. I should have added this, too.
Who prescribed the Hydrocodone?
A. Zimmerman was, but now I think it's the other guy, because I just got them all filled.
Q. Sabel now?
A. Sabel probably will fill them now.
Q. And then the Fentanyl patch?
A. Same guy.
Q. Zimmerman and then Sabel?
A. And the antibiotic -- I think I'm going to have him handle that, too, but Dr. Baker has been refilling that one.
Q. Now, how long have you been on the Hydrocodone?
A. Oh my gosh. Quite a few years on that.
Q. Since the fall at Ridley's?

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A. Yeah. If not even before, you know.
Q. How about the Fentanyl patch?
A. They put me on that in the hospital when I first went in.
Q. Which one?
A. This hospital up here in Pocatello, Portneuf.
Q. So in August of '07?
A. '07, yes, put me on that one.
Q. Have your dosages changed?
A. No. They've stayed the same -- well, the Fentanyl patch was -- during the surgeries and that they had it up pretty high. And then I said, "I don't want to keep this stuff in my system. Can you take me off?
And Dr. Zimmerman says, "I don't want to take you off of it with a surgery coming up. Let's just drop it down to 12, and then if they need to increase it in the operating room, they can." He says, "And then we'll try to wean you off of it once you come out."
Q. And then the amoxicillin, how long have you been on that?
A. They put me on the amoxicillin June of last year, I believe.
Q. And what is that for, as you understand it?
A. That's to keep the infections, the MRSA and the Pseudomonas, from getting out and getting me again.

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Q. Do you understand that Pseudomonas and MRSA are different infections?
A. Yes, I do.
Q. And have you done research on Pseudomonas?
A. I couldn't really find much on it, so all I know is basically what the doctors have told me, you know.
Q. And what have they told you?
A. You know, they said it's worse than MRSA. It attacks your lungs, and so, you know, we -- they had to go in and take this hip out, all of it, and put spacers in --
Q. The right hip?
A. -- and let me lay for six weeks to clear that up, and gave me antibiotics through intravenous.
Q. And it's the right hip you were referencing?
A. Yes.
Q. Any other medications?
A. He's got me -- Dr. Baker has got me on a little tube of antibiotic. It's called -- it starts with an "M."
Q. Oh, that's a topical?
A. Yeah. That we keep on the scar over here so that it doesn't get infection.
Q. On the hip?

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A. On the right hip, yes.
Q. And how long have you been using that?
A. He's had me on that since June.
Q. And that's Dr. Baker?
A. Yes.
Q. Any others?
A. Let me see here. The insulin. They've got me on LANTUS.
Q. What's that for?
A. LANTUS is an insulin. It kind of fills in for just having regular.
Q. Is that Dr. Zimmerman and now Dr. Sabel?
A. Yes.
Q. And same with the insulin?
A. The insulin is NovoLog.
Q. Any others?
A. I don't think so. Most all of these are herbal and vitamins over here.
Q. And I'm going to get to those, too. Let's stick with prescriptions.
A. I think that's it for pain. You know, I don't take a lot of drugs. I just -- I don't like drugs in my body. I think that's it. If I come up with anymore, I'll tell Reed and then he can let you know.
Q. What pharmacy do you use?

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A. I use Maag's.
Q. Not being from here, how do I spell that?
A. M-A-A-G-S.
Q. Is that the one you use for all of your prescriptions?
A. Yes, I do.
Q. Have you been using that for years?
A. I started using them -- I believe it was last year. Before that I was doing Walgreens.
Q. And what Walgreens?
A. In -- sometimes Pocatello, sometimes Chubbuck.
Q. Any other pharmacies?
A. No.
Q. Now let's talk about the naturopathic medicines.
What supplements, you know --
A. Okay. I take a vitamin --
Q. -- herbal, medical treatment that you're doing?
A. Okay. I take a vitamin tablet. It's called Alive, and it has tons of really good stuff in it.
Q. I was going to say, that's a good name.
A. Yeah. It keeps you alive.
Q. So it's called Alive?
A. Uh-huh.
Q. Do you know what the dosage is?

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A. Oh, I don't, because I don't have it -- I mean, I've got -- it's over here. I've got all of the things in a big box over here.
Q. Like once a day?
A. Once a day.
Q. And where do you get that?
A. I order it from Vitacost on the internet.
Q. And is it like Alive super, or is it just Alive?
A. No. It's just Alive, you know. No iron.
Q. What other medicines?
A. Gosh, there's only a million. Okay. We take Ginger. Ginger root.
Q. And what do you take that for?
A. It's good for your intestines and heartburn, or anything -- if you get heartburn. It's good for circulation, so I use that one for that.
Q. Okay.
A. I take two a day.
Q. And do you know the milligrams?
A. 540.
Q. All right.
A. And then we take calcium.
Q. What are the milligrams on that?
A. Twice a day for probably -- because I don't

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have it written on this. I just have it in this little box. I imagine 1,000 milligrams each time. Then we have Nattokinase.
Q. What is that for?
A. Okay. This keeps your blood -- this works like Warfarin. It's totally natural. The Japanese use it in Japan constantly. It's N-A-T-T-O-K-I-N-A-S-E. And let's see what the milligram is on this one. I only take this once a day. Okay. That's 3000 FU. Then we take fish oil, Omega-3. And they're 1,000 milligrams, and I take two a day.
Oh, did we get the thyroid medication down.
Q. Oh, no. Which one is that?
A. This is called Synthroid, and it's 0. -- well let's see. He's got me on 300 a day.
MR. LARSEN: 300 milligrams?
THE WITNESS: I don't know if it's 300 milligrams. I just take them -- he just gives me samples, and I dump them in here. But I take 300 a day once a day.
Q. (BY MS. DUKE) For your thyroid?
A. Thyroid, yeah.
Q. And "he" being Dr. Zimmerman and now Dr. Sabel?
A. Uh-huh. Right. Yeah. And Dr. Babbitt was handling it --
Q. That's right.

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A. -- but I just didn't want a bunch of doctors, you know. And she said I was too complicated and had too many things wrong. She didn't want to go to the hospital and see me, so all she would handle was my thyroid.
Then we take Colloidal Silver.
Q. What one is that one?
A. C-O-L-L-I-D-A-L -- C-O-L-L-O-I-D-A-L Silver.
Q. All right.
A. This is a liquid. And what Colloidal Silver does is it kills all of the bad bacteria in your body but it doesn't hurt the good. And this is what they put in your drinking water, by the way, so that you don't get germs and diseases. So I drink probably an ounce or so a day of that.
And then I take -- I'll have to open up one of my little pill things and tell you what I take. See, I take all of those every morning. We got fish oil, we got Ginger, we got Alive -- cinnamon.
Q. What is the cinnamon for?
A. Cinnamon is for blood sugar control.
Q. How much of that do you take?
A. Probably 500 milligrams to 1000 a day. I take Vitamin C extra.
Q. Just kind of as an immune support?

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A. Uh-huh, an immune support.
Q. Do you know what the milligram is on that?
A. Probably 5 -- what did I say? 500 probably on that one. Because I get it in my vitamins, too, but I take this one at night. Then we have probiotics that we take.
Q. And what is that for?
A. That keeps your intestinal tract working good so you have no problems with your intestinal tract. So we take that twice a day. And there's like 10,000 billion little things in there that takes care of your intestinal tract.
What else? Vitamin D, 2,000 milligrams a day. If you will take that, you will never catch the cold or the flu or get cancer.
Q. Good to know.
A. Yeah. Good stuff. Let's see what else am I taking? Zinc. 50 milligrams of Zinc a day.
Q. And what is that for?
A. You take the Zinc to protect your immune system. And then I take -- let's see. What's the name of that one? Gosh. I can't think of it. Anyway, if you take the D and the Zinc and this other one, it builds a totally complete immune system so you never get sick. I have all of my friends on it. They're all

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healthy. Nobody got the flu this year, nobody had the flu shot. Good stuff. Epicor.
Q. Epicor?
A. E-P-I-C-O-R.
Q. And what is that for?
A. Epicor, that builds the immune system so you don't get sick. I think that's probably it.
Q. I asked earlier, with respect to any future surgeries, other than your hip surgery that you have coming up, what about any future medical care and treatment that you understand you may need in the future?
What do you understand in that way?
A. That I may need in the future? Like for medical care?
Q. Yes.
A. I probably will need like physical therapy.
Q. Related to?
A. Related to strengthening your muscles, keeping them strong.
Q. Are you doing physical therapy right now?
A. Yes. I have it twice a week.
Q. Through Access?
A. Yes. Joni Vaughn does it.
Q. And what's your understanding of what that's

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for, though, of why you're having the physical therapy?
Is it for your hips?
A. Yeah. Because if you don't move, then you're going to stiffen up and nothing will work. So you have to move and be bendable and try to do what we can, you know. So the physical therapy is, you know, very important to have.
Q. Anything else?
A. Can you think of anything else prior that we might need?
MR. LARSEN: No.
MS. DUKE: No tag teaming.
MR. LARSEN: And I don't get to testify either, so you're doing fine.
THE WITNESS: I'm doing good. Okay. I don't know, unless they have to cut my leg off more or something. I don't know.
Q. (BY MS. DUKE) But have they talked to you about that at all, that that's actually a likely thing that's going to happen?
A. It depends on where that Pseudomonas and MRSA wants to land. You never know.
Q. I understand that, but has anybody told you that you have a likelihood of having to have further amputation?

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A. They have said that, you know, sometimes if they put a prosthesis on, you can have a lot of problems, you know, with stuff like that. But they don't know at this point if a prosthesis would ever work or not.
Q. I was just going to ask you: Are you looking into a prosthesis?
A. Not at this point we're not, because you really can't walk a lot when you take out the hip, you know. But he said maybe something would come up that could help balance me, you know. He said we just don't know at this point.
Q. Do you have any goals as to whether you want to walk again?
A. I would like to walk again. Yes, I would.
Q. And are you working toward that goal right now?
A. Yes.
Q. And what are you doing to work toward that?
A. We're doing the physical therapy, strengthening, you know, the shoulder so that I can transfer, strengthening -- trying to strengthen the leg.
Q. Which leg?
A. This leg here.
Q. The right leg?
A. Uh-huh. They will be taking x-rays on both

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hips next month, because they're not sure what condition the bones are in now where I've had to lay for this long. So Selznick wants those taken.
Q. Why did you need to have the original hip replacements, you know, back --
A. Oh, way back when?
Q. Yeah.
A. You know, they never could figure that one out. They just opened it up, and there was nothing there. They don't know if an infection came in and got it or a virus or if it just wore out and deteriorated. They said they couldn't figure out why, as young as I was, that those hips went like that.
Q. Same for the knees?
A. Well, I never had any trouble with the knees and that. I could walk fine with the knees. It was just after having the hip surgery, learning how to bend and that. And they wouldn't let you get down on them, you know, to keep them really flexible, so you learned how to walk a little stiff legged with them.
Q. Was it all of the sudden that your knees started -- or your hips started bugging you that resulted in you having the first surgeries on them, or did it progress?
A. It kind of just kind of came on. I would get

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some pain in there and, you know -- and then I just thought, oh, well, maybe I just dislocated if from, you know, doing, you know, work and that, because I loved to work in my yard a lot and landscape.
And so then it would get to where it would really start hurting, you know. And I just kept putting it off, and putting it off. And finally I thought, well, I'll just -- I'll walk with a cane. That's what I'll do. I'll take the pressure off.
So I walked with a cane. And then my mother talked me into going to the doctor. And I went in, and he checked them, and he said, "This is bone on bone. It's got to come out." So they did one, and then six weeks later did the other one.
MR. LARSEN: And when you said, "he said," what doctor were you referring to?
THE WITNESS: Dr. Mott did them, and he passed away years ago.
Q. (BY MS. DUKE) Any other future medical care that you're aware of needing?
A. Well, I don't know. I'll probably always have to have some medical care. I'm not sure what all I will need until, you know, everything is done and that, and then we can, you know --
Q. "Everything," meaning your right hip surgery?

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A. Yeah. The right hip and seeing how that works. And so --
MR. LARSEN: And we're still talking left hip.
MS. DUKE: Right. Not -- you're right. Left hip, not right hip. Sorry about that.
THE WITNESS: So I have no idea, really, what kind of medical care I will need.
MS. DUKE: Everybody doing okay still?
THE WITNESS: How much more do you have to go?
MS. DUKE: Well, I have plenty. I mean, obviously we're going to talk about --
THE WITNESS: Why don't we take a lunch break.
MS. DUKE: Sure. That sounds good.
(Lunch break taken from 12:42 p.m. to 1:46 p.m.)
Q. (BY MS. DUKE) Well, let's -- now that we're back from lunch -- turn to your admission to Portneuf and then ultimately to my client's facility.
A. Okay.
Q. Tell me, and we've already talked about this somewhat --
A. Right.
Q. -- but why were you admitted to Portneuf in August of 2007?
A. I was admitted because of the sores on the left leg, and I could not walk.

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Q. And who was your primary physician at that point?
A. It was the doctors up there at Health West. Is -- and I think that was a different doctor at that time. They keep changing doctors up there. So...
Q. And then ultimately you were admitted to the Pocatello Care Center?
A. Yes.
Q. How was it that you became admitted to that facility?
A. When they looked at the sores on the leg -- they had me in the emergency room, and they tested to make sure that I didn't have MRSA, and I did not. There was a little bit of bacteria, but it was not MRSA nor Pseudomonas. It was just like a little normal little thing.
So they wanted to admit me and clear it up. And I said, "Well, okay," you know. So then they admitted me to your facility.
Q. Did you know anything about the facility prior to being admitted?
A. I worked there years ago.
Q. Okay. When did you work there?
A. Oh, probably about 1965. Something like that.
Q. A long time ago?

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A. Uh-huh.
Q. And what were you doing there?
A. I was an aide. It was a nursing home then. My mother worked there. She was a cook.
Q. Other than that experience, any other knowledge of the place before?
A. No. Just that, you know, it was a nursing home.
Q. Did you agree that you needed to be somewhere where you could have full-time care during that time period?
A. Yes.
Q. Now, do you recall what unit or floor you were on -- what it was called, the hallway at the --
A. At the rehab place?
Q. Yeah.
A. No. Because they really don't have floors there. It's all like one level. They just have hallways and rooms numbered, so it's not an up and down, and I'm not sure where I was.
Q. Did you have a roommate?
A. No. I had private rooms, which was great.
Q. Do you know why you had a private room?
A. No. They just put me in one.
Q. And what was your initial impression of the

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rehab facility?
A. Of the rehab. Do you really want to know?
Q. Yes.
A. It was filthy, it stunk terribly, and the food was lousy.
Q. Any other initial impressions that you had?
A. Not right off the bat.
Q. Why did you stay there if you felt that it was filthy and it stunk?
A. Because I didn't know what else to do.
Q. Did you talk --
A. The doctors were pretty well running the show, you know.
Did I talk about it?
Q. Did you talk to anybody about moving facilities at that point when you initially got there?
A. No. Not to move facilities, you know. No. But I did talk to administration about all of the conditions that were going on there, many times.
Q. Right when you started --
A. Yes.
Q. -- there?
And we'll get to those and chat about those.
A. Okay.
Q. Now, you were there from kind of late August of

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'07 into December of '07?
A. Uh-huh, until December. Yeah. The first part of December I came home.
Q. During that time period of August to December, did you ever leave the facility?
A. Only to go see Dr. Baker. And I had requested to see him because the sores were just not healing.
Q. Was that only once that you saw him?
A. I think they took me there two or three times.
Q. Is that separate from the wound care clinic?
A. Well, he has a wound care clinic.
Q. So when you're saying that you would go see Dr. Baker, that was to go to the wound care clinic as well?
A. Yes. To go to the wound care.
Q. Now, what about to get your hair done, dental work, anything like that?
A. I think twice I went to -- two or three times just to have them shampoo my hair, you know, because I didn't leave my room. Very, very seldom, because I didn't want to get any germs out of that place, but evidently that didn't work.
Q. Where would you go to have your hair done?
A. Right there at the facility.
Q. What about the dentist? Anything like that?

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A. I had to go to a dentist -- I think it was once or twice.
Q. Was that outside the facility?
A. Yes.
Q. Do you know when that was?
A. I don't.
Q. Who was the dentist?
A. I can't remember his name, but it's called Smile By Design -- I think is what it's called.
Q. And what was your reason for having to go?
A. One of my caps came off, and they had to stick it back on.
Q. So other than going to Dr. Baker and the wound care clinic, and then going to the dentist once or twice, did you leave the facility at any other time during that time period?
A. Well, if you count going over to the hospital.
Q. How many times did you do that?
A. That was around probably the end of November. I went over to the little gift shop over there.
Q. Just once?
A. I think it was just once, maybe twice.
Q. And when do you think that was?
A. Probably about the end of December.
Q. December or November?

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A. December. Yeah. It was right -- because I had her pick up some things for me for Christmas there.
Q. How about the Smile By Design, when do you think you went there?
A. I have no idea when I went in there. It -- I don't know.
Q. And then Dr. Baker, you're not quite sure of the exact timing?
A. No. Because it was -- I asked to go in and see Dr. Baker. I had been asking almost since I entered that place: "Get Dr. Baker in here, you know. He's a wound specialist. He knows the best.
"Oh, we're doing fine. It's looking good. We're taking care of it." And I -- you know, I could see when they would bandage it that it wasn't getting hardly any better. And I just kept saying, "Please get me to Dr. Baker."
So finally in November they called and got me in to Dr. Baker. And so I went in to him, and he cultured it, and he did a biopsy on it. He said, "Did they not do a biopsy over there in the hospital or anything?"
And I said, "No." And so that's when he found out that I had the rheumatoid arthritis gene. And he said, "You've got MRSA."

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And my answer was, "What in the hell is MRSA?" So then he explained to me what it was, you know. And so I think I had to go over one other time.
Q. Before you go to that, did he explain how he thought you got it?
A. He said, "You can get it in any facilities like that, you know."
I said, "I've never even heard of the stuff."
Q. Now, is it your testimony he never visited you once over at the rehab center -- that he never came and visited you in the room?
A. You know, I don't know if he came in or not. He ordered some stuff that he wanted done, but I don't know if he came in or not.
Q. Do you know if he was following your care in August, September, and October of 2007?
A. No, he wasn't. Just from November, December on.
Q. What I mean is: Do you know if he was actually calling the center to see how you were doing?
He was ordering things, so would you presume he was following you?
A. Yeah. Yeah. Because like I said, I never saw him until November. I think it was about the middle of November.

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Q. So you don't recall him seeing you at the facility?
A. Like I said, I don't think he did. I think I had to go to him, and they took me over. And then when I came home, he started coming here.
Q. Who is Dr. Hoff?
A. Dr. Who?
Q. Hoff? Do you know a Dr. Hoff or a Dr. Routson?
A. Dr. Robinson?
Q. Routson, R-O-U-T-S-O-N?
A. Must be some of their doctors up there. They had so many doctors coming and going in that place that it's unreal.
Q. So as I understand it from your testimony -- well, anywhere else that you can think that you went outside of the --
A. The facility.
Q. -- rehab center? Yeah.
A. That was it.
Q. Family didn't come and -- I mean, you didn't go out for dinner?
A. No.
Q. Or lunch or anything like that?
A. No. Because nobody had any way of transporting me. The only way they could transport me is to put me

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in the facility's bus and take me to the wound care and to the dentist.
Q. And that's how you would get to those places?
A. Uh-huh.
Q. Now, as I understand from your earlier testimony, it sounds like you principally just stayed in the room; is that fair?
A. Uh-huh. Except for like if they do physical therapy.
Q. And where would you go for physical therapy?
A. Right here in your center.
Q. At the center; right?
A. Yeah.
Q. You'd go to the therapy room?
A. Yeah.
Q. And were you doing frequent physical therapy there?
A. Uh-huh.
MR. LARSEN: Yes?
Q. (BY MS. DUKE) Yes?
A. Yes, I was doing physical therapy there.
Q. Frequently?
A. Yes.
Q. Were you doing occupational therapy as well?
A. Yes.

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Q. Any speech therapy?
A. No.
Q. When you would have the occupational therapy, would that also be outside of your room and into kind of a general area?
A. A lot of times they did the occupational one in my room.
Q. But the physical therapy would be done in the kind of main room?
A. Yes.
Q. The therapy room?
A. Yes.
Q. And did you like your physical therapist there?
A. Yeah, I did.
Q. Do you remember his or her name?
A. Oh, gosh. I can't remember what his name was. He was really nice.
Q. Any complaints about the physical therapy or the conditions of the room or anything like that?
A. No. No, that was -- that was fine.
Q. What about meals? Where would you eat your meals?
A. Always in my room.
Q. Did you ever once eat in the main area, the dining area?

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A. Eew, no.
Q. Not once?
A. Not once. No.
Q. Why?
A. Because I didn't want to be exposed to people with germs.
Q. And then you went to the hair facility there?
A. Yes.
Q. The salon a couple of times?
A. Yes.
Q. Or how many times, do you think?
A. I think maybe two times. Two or three. I went in and just had her trim my hair.
Q. Do you remember when that was?
A. Oh, gosh. Probably -- I don't know, September. Because I didn't know they had a facility there until I had been in there for a little while. Then I asked them, and they said, "Yeah, we've got one."
Q. Any complaints about the salon?
A. The salon was very clean.
Q. Now, your room, was your room clean?
A. No.
Q. Throughout your entire stay?
A. Correct.
Q. And what are your complaints about the room?

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A. Well, they have carpet like on the walls, so you get the smell of urine and all of that stuff in there. The windows were filthy, hadn't been washed in months and months and months. The bathroom had mold growing in it. It had a leaky pipe under the sink. It was dripping into a bucket. They never did ever fix it.
They didn't like do the floor very well; like, you know, dust mopping it or mopping it, and they didn't dust it very often. We always brought in room fresheners, Febreze, to spray so that people could stand the smell in there. There was poop on the bed. It had been there for weeks. There was poop in the sink.
What else? That should about cover it.
Q. Anything else you can think of with respect to the room?
A. I can't think of anything else right now.
Q. The poop on the bed and the poop in the sink, did that stay your entire time?
A. It stayed -- it was on my bed for probably three or four weeks, and then I can't remember, one of my friends or something -- family went down and said, "Hey, you get somebody up here, and you clean that off of her bed." The same with the sink. They had to go down to the nurse's station and say, "Hey, we're not putting up with this. You clean it."

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Q. Where was the poop on the sink?
A. Inside and on the outside. Like when they'd emptied the bed pan, you know. And they wouldn't clean the bed pan out very good. It was disgusting.
Q. Why did you stay?
A. I didn't know where else to go.
Q. Well, did you ask anybody where else you could go?
A. Well, most every place we have here is probably in the same condition that that one is in, and that's what it's at. Hillcrest was even worse. I said, "Man, there's no way they're putting me in that one."
Q. Had you stayed at Hillcrest before?
A. No. But I had my husband in there right before he died.
Q. And you felt that was worse than the facility you were in?
A. Oh, definitely, yeah. And I've had friends work there, and, oh, yeah.
Q. And so as I understand it, you didn't request to be moved somewhere else because you didn't think it would be better?
A. No, I didn't. I just wanted to come home.
Q. Did you have a phone in your room?
A. Yes, I did.

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Q. And did you have your green book with the phone numbers, you know, or something like it?
A. Yes, I did.
Q. So you could have called Dr. Baker at any time, his office?
A. Yeah, I could have.
Q. You could have called any of your doctors at any time?
A. Probably.
Q. Did you have wound treatments by staff at the rehab center?
A. Did I have what?
Q. Wound treatments?
You know you were in for your wounds, were people taking care of those throughout the day?
A. Up here at the hospital?
Q. No. At the rehabilitation center.
A. Yes.
Q. Was somebody changing your dressings --
A. Yes--
Q. -- and those things?
A. -- they did.
Q. Any complaints about that?
A. Yes.
Q. And what are those complaints?

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A. Those complaints were, number one, they did not wash their hands when they came into the room. A lot of them didn't.
Q. All of the time or some of the time?
A. Yeah. It was a regular -- yeah. It was a regular thing with them. They would not wash their hands. I would even tell them, "Hey, before you touch me, for my health and your health, wash your hands, you know."
Q. Would they wash them then?
A. Sometimes they would, sometimes they wouldn't.
Q. Any other complaints?
A. Yeah. They wouldn't put gloves on to change the wound.
Q. Ever?
A. Some nurses did; some didn't. And I'd say, "You better put gloves on, you know.
"Oh, it's okay. It's okay."
I said, "No, it's not okay, because you're going to either infect me or you're going to get infected or something. You need to put gloves on.
"Oh, it's too hard to wrap all of that stuff with gloves on, you know." It was amazing. I thought, I don't believe that you would jeopardize your life and my life because you don't like to wear gloves, because

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it's too hard to put a bandage on. And I would, you know, mention it to the nurses. And they'd go, "Oh, yeah, it happens all of the time here."
Q. What percentage of time were people not washing their hands?
A. I would say probably a 60 percent chance that they weren't.
Q. And then what about not gloving up?
A. Not gloving up? Probably about 60.
Q. Any other complaints with respect to dressing changes?
A. Sometimes they would leave like the bandages and not take the garbage out.
Q. How often did that happen?
A. That happened probably, I don't know, maybe 20, 30 percent of the time. I never could understand that one; why you don't take garbage out once you are done with it.
Q. Anything else regarding dressing changes?
A. Well, you know, not only did they not wash their hands, nor glove up, they were touching other things in that room, you know, and then coming over and working on the wound.
Q. Give me examples.
A. Like they would -- oh, I don't know, just --

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they'd go out of the room and come back in, you know, and they were supposed to be gloving up and everything, especially after the MRSA -- when they found out that it was the MRSA. Some did; some didn't, you know. They'd reach over on the window seal, move things, you know, looking for bandages and different things.
Q. Anything else with respect to the dressing changes?
A. Well, they used scissors every now and then, you know, to cut, and I didn't always see them sterilizing the scissors like they should have.
Q. What percentage of the time do you think that was?
A. I'd probably say maybe 10 percent of the time.
Q. And what percentage of time with them kind of going and touching other things while they were in the middle of changing your dressing?
A. I'd say probably about 30 percent.
Q. Anything else regarding the dressing changes?
A. I can't think of anything more right now.
Q. Now, of these percentages we've done, would you, every time, tell them: You should wash your hands, you should glove up, you shouldn't be touch ing things, you should sterilize --
A. Yes.

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Q. -- the scissors, that kind of thing?
A. Yes.
Q. Most of the time, would they then listen and do it --
A. Sometimes they would --
Q. -- that way or not?
A. -- but a lot of times they would just go, "Oh, it's okay."
Q. Do you remember any nurse in particular that you felt didn't follow what you believed to be proper hygiene techniques?
Do you remember any of the nurse's names at all?
A. No, I really don't.
Q. That's probably the easier question to ask then to break it down.
A. Yeah. Because there was so many coming and going in shifts.
Q. Is there any nurse at all that sticks out in your mind, or LPN -- so RN, LPN, CNA, anything like that, one way or another name wise?
A. There was the one nurse that was the wound -- she was the wound nurse. She was a little gal, but I cannot think of her name, but she was very good.
Q. The wound nurse was?

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A. Yeah. She doesn't work up there anymore. She left right after I left.
Q. Now, did you have any complaints about the wound nurse or was she appropriate?
A. The wound nurse, basically -- most of them did real well. It was the others that were changing and stuff like that.
Q. The dressing changes?
A. Uh-huh.
MR. LARSEN: Yes?
Q. (BY MS. DUKE) Yes?
A. Yes.
Q. As you sit here, can you think of any of the wound nurses that you felt -- where you can think of an example where you thought, oh, she didn't wash her hands, or, oh, she didn't put on her gloves, or is that relegated to the non-wound nurse folks?
A. I basically had, I think, the same wound nurse, and she was excellent. She made sure that she was -- because we had discussed that. She said, "Oh, yes, I'm very well aware of what goes on up here."
Q. And you don't remember her name?
A. And I can't remember her name.
Q. What would she do for you?
What was the wound nurse's job, as you

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perceived it?
A. Her job was to come in, clean the wound, put the medication on it, and wrap it. And that was her job. And I had mentioned to her -- you know, talked with her quite a few times saying, "You know, this doesn't look like it's getting any better. It looks like it's getting worse."
She'd go, "Oh, no. No. It just takes time. It just takes time, you know."
And I said, "No. There's something going on here with this leg, you know," and that, but nobody would ever run a culture or anything.
Q. Did you ever ask for a culture?
A. Well, I didn't think I needed to. That's their job.
Q. I understand that.
I'm just asking: Did you ever say, you know, can you run a culture or a biopsy on this?
A. Well, I did say something about, "Don't you think we ought to check this out?"
She says, "Well, you know, it's doing okay."
And I says, "I want to see Dr. Baker."
Q. This is to the wound nurse?
A. Yeah. I said, "I want" -- and so she's the one that got me to him.

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Q. So you felt she was receptive and responsive?
A. Yeah. She was really good.
Q. Now, the other nurses that you've described that it sounds like were not, at times, washing hands and putting on gloves and touching things during the care, what kind of care were they doing when they were doing these things --
A. By not --
Q. -- when they weren't washing up or putting gloves on.
A. Well, a lot of times the bandages would leak on my leg, so they would have to come in, you know, and change them when the wound nurse wasn't there. So then they would come in and -- and also the CNAs. We had a lot of trouble with that, you know.
They would pick up the leg and not put gloves on, even after I got MRSA. One came in one night, and she picked up my leg, and she says, "Oh, we need to change this."
And I says, "Well, then I suggest you put gloves on." I told her twice. She didn't do it.
Q. And again, during all of this time, you didn't request to go somewhere else, and you didn't make a call to Dr. Baker?
A. No, I didn't. I kept asking the nurses to call

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him, saying, "Would you please call Baker and get me an appointment."
Finally in November somebody listened and got me the appointment with Baker. Because if I would have been in to Baker probably -- a lot quicker, I wouldn't have been in this condition today.
Q. Has any medical professional told you that, or is that just your opinion?
A. That's my opinion.
Q. So we've talked about the physical therapist and physical therapy, we've talked about the salon, we've talked about the dressing changes and the wound care nurse and the cleanliness of your room.
Anything else from the standpoint of any complaints or concerns you had while you were there at my client's facility?
A. Yes.
Q. And what was that?
A. And that would be, like when you come into the building, you had the urine smell really bad. I mean, people would come to my room and go, "Oh my God. That is horrible." Because I always kept my door shut so germs wouldn't come in and I wouldn't have to smell that. And they said, "Holy Toledo. How can you stand this?

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I said, "Well, that's why I keep my door closed and we have all of the sprays in here."
And then there was -- right across the hall from me there was a man in there that had MRSA. He had it. He was a carrier. And he was a huge, huge man. He must have been 500 pounds. Something like that.
And they would just wrap his legs, and they would take him up and down the hallway walking on his walker and having the wheelchair behind him. Well, number one, a MRSA patient isn't supposed to be out in the hallways.
Q. Where do you have that information?
A. We saw him.
Q. No. No. Where do you get the idea that a MRSA patient needs to be locked away?
A. Well, not locked away, but you -- when you're contagious like that, you should not be out there with that stuff dripping.
Q. Is that your opinion or have you read that or has some medical professional told you that?
A. I have read it.
Q. Where have you read that?
A. You know, in my research for the MRSA read that. Even had some of the CNAs and nurses say, "They need to keep these people in their room so they're not

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dripping and somebody's not coming along and getting this." They said, "This is why it spreads so bad."
Q. So there was a gentleman across the hallway --
A. Yes.
Q. -- with MRSA?
How long was he there when you were there?
A. He was there probably -- maybe a month and a half, two months. I think he was even there when I left to come home.
Q. So you think he probably came in October or November?
A. Somewhere in there, yes.
Q. Anyone else that you knew of in the facility that had MRSA while you were there?
A. No. Not that I knew. I knew they had MRSA up there, but I didn't know who, you know.
Q. Any idea how many people had MRSA that were at the wound care clinic that you were going to?
A. Probably quite a few.
And then the aides and that -- and some of the nurses -- would go into his room, and they had a big sign on there, you know, "Stay out. Contagion here." And they would go in there, and then they would walk into my room, no gloves on, no nothing, say, "Oh, can we borrow some of your gloves and that?" And so they were

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touching things. And away they would go back into his room.
Q. When you said that he was walking down the hallway -- and I understood you to be saying they should have been keeping him in his room since he had MRSA; is that fair?
A. Yes, that's fair. Yeah.
Q. But when you noticed him walking down the hallway, you keep saying that you saw dripping.
I mean, were his wounds actually dripping onto the floor?
A. That's what I understand from the CNAs and the nurses.
Q. Did you see that with your own eyes?
A. I saw his bandages and that.
Q. Right. But the actual dripping of any type of fluid?
A. No. I did not see the actual dripping.
Q. And other than him, you're not aware of any other MRSA patient?
A. I heard that there was some up there, but I was not aware of who they were.
Q. Who did you hear from that there were others?
A. From nurses and aides.
Q. How about Pseudomonas? Are you aware of anyone

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else having Pseudomonas?
MR. LARSEN: Now or --
MS. DUKE: At the time she was there.
THE WITNESS: No. At the time I was there I was not aware.
Q. (BY MS. DUKE) And you knew you had an infection when you came to the rehab clinic; correct?
A. Yeah. It was just a small bacteria. It was not MRSA, because they did check for that.
Q. Now, did you have any friends visit when you were there?
A. Yes, I did.
Q. And family?
A. Yes.
Q. If you could, list off for me who visited you when you were there?
A. Oh, my daughter-in-law, Barbie.
Q. That's Barbie Girard?
A. Yeah. There was my sister, Barbara, and there was -- let's see. I tried not to have a lot of people come, because I just, you know, didn't want them getting something.
Q. How about Karen Morasko?
A. Yeah. Karen came. Oh, let's see. Who else? Mannie. Mannie came and saw me. Gary and Julie came

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and saw me.
Q. Who are Gary and Julie?
A. Friends of mine.
Q. What's their last name?
A. Gary and Julie? Okay. You would ask me, wouldn't you?
Q. It's okay. When you think of it, just let me know.
A. Toupe, T-O-U-P-E, I think. Then there was Kenny and Diane Balls.
Q. And they're just friends?
A. Just friends. Let's see. Who else came by? It was basically about the same people that would come.
Q. How about Mannie Perez?
A. Yeah. I gave you her name.
Q. Oh, did you? Oh, I'm sorry.
A. Yeah.
Q. Milt Escobal?
A. Uh-huh. Milt was there.
Q. How about Vic Adams, your brother?
A. Vic. Yeah. Vic and his wife Joan, they would come.
Q. How about your son?
A. I don't think he ever came to see me when I was in there.

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Q. Anyone else you can think of?
A. I was trying to think who else. Let me look in my book, and I'll tell you. My little book. I'll run down the names and see who else -- if we're forgetting anybody. But they didn't come all of the time. They would just come here and there.
Q. And we'll talk about that.
A. Yeah. Well, they didn't like coming in there because it stunk so bad.
Oh, my little friend, Janna, she would come and see me.
Q. What's her last name?
A. Leo.
Q. Like L-E-O?
A. Uh-huh, L-E-O. And I think Laurie Bills came up.
Q. B-E-A-L-S?
A. Yeah, B-I-L-L-S. My little friend Jay. I think he came up.
Q. Jay?
A. Cunningham. I think that's about all of them that came up.
Q. How often did Barbie visit you?
A. Barbie would come probably -- not every day, but when -- between work, you know. Sometimes a couple

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of times a week.
Q. Now, are you a huggy person?
Like will people come and hug you and that type of thing?
A. Well, yeah.
Q. Some people aren't; some people are.
A. Right. Yeah. But they always washed their hands when they came in and stuff like that, because they knew about infections, so they made sure that they did that.
Q. And did you talk to any of them about your concerns about the facility?
A. Yes.
Q. All of them?
A. Probably.
Q. And did any of them do anything?
A. No.
Q. Did any of them try to call Dr. Baker on your behalf?
A. No.
Q. Or try to get you moved to a different facility?
A. No.
Q. Your sister, Barbara, how often did she visit?
A. How often?

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Q. Often, yeah.
A. The food was so bad up there, she brought me dinner every night, because you could not eat it. That's how bad it was.
Q. So she visited every day?
A. Yes.
Q. That's a good sister.
A. That's a very good sister.
Q. How about Karen Morasko?
A. Karen would come in and visit with me maybe once a week, maybe twice.
Q. How about Mannie?
A. Mannie didn't come very much. She came -- oh, probably two times.
Q. How about Gary and Julie Toupe?
A. Once.
Q. And Kenny and Diane Balls?
A. Once.
Q. Milt?
A. He came almost every day, every other day.
Q. How about Vic Adams and Joan Adams?
A. My brother? Maybe once every two weeks.
Q. Janna Leo?
A. I think she came twice.
Q. Laurie Bills?

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A. Laurie probably came once.
Q. And Jay Cunningham?
A. I think Jay came up once.
Q. And other than those folks, you can't recall anyone else?
A. No, I can't.
Q. Do you know if any of them witnessed any dressing changes or wound care?
A. The only ones would have been Milt and maybe Barbie. Milt or Barbie.
Q. Do you know for sure if they did?
A. Yeah. Because he was taking pictures of it.
Q. What do you mean?
A. When they would unwrap it, then he would take pictures to see how it was progressing.
Q. Oh, of the wound?
A. Yeah.
Q. When did he start doing that?
A. Probably from the time I went in until I came out.
Q. And why was he doing that?
A. To see how it was healing and everything, because he knew the conditions up there.
Q. Is he a medical professional?
A. No.

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Q. So "he knew the conditions up there," meaning at the facility?
A. Yeah. Like how dirty it was and everything.
Q. And he did nothing on your behalf to try to get any changes made or get you moved?
A. No. Because there was nowhere to move me.
Q. How often would he take pictures?
A. Oh, I don't know, probably -- I think he was doing it -- like once a week he was coming in and taking pictures of it when they would unwrap it.
Q. Was he giving them to any provider, like Dr. Baker?
A. Was he what?
Q. Giving them to any provider, like Dr. Baker.
A. No.
Q. He was just keeping them?
A. Yes.
Q. Do you have those pictures still?
A. I don't.
Q. Does he have them?
A. I don't know. He doesn't live here anymore.
Q. Do you still have contact with him?
A. No, I do not.
Q. I understand that when he moved out, you actually had the police come?

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A. Yes, I did.
Q. Because it sounds like he -- at least from what I read in the records, he -- I guess, you put it in your own words what happened with Milt.
A. He left to go -- his aunt had died, so he left, you know, to take his -- his dad lived here, too.
Q. To Colorado?
A. Yeah. Because they were -- he was the caretaker. He was taking care of me.
Q. Right.
A. So they went down there, and my girlfriend came over, Mannie, and she went back down the hallway, and she said, "Oh my God, you are not going to believe this."
And I said, "What?"
She said, "Let me get my cell phone." So she took pictures of the room. There was a path to the twin bed in there, there was a path to the computer. It was stacked high. I mean, it was unreal.
Q. With clothes or trash or what?
A. Clothes and trash and books and papers and -- you name it. You know, it was just like a junk room. And he knew that I didn't live like that, you know. And so she showed it to me, and she said, "This isn't flying. I'm calling your brother."

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So my brother came over, and he went in, and he goes, "Oh my God." He said, "You're not going to live like this. You will not live like this." So he said, "We're going to get rid of this guy. We're packing it up, putting it in the garage, and when he comes back to town, he can come and get it, and we'll have the police here so that there's no problems."

And I says, "Well, good, you know." And I was just sick to think that he had done that to my home and dishonored my home. He was living here rent free, you know. And then she went out to check my car, well, he trashed it. I mean, holy Toledo.

The trunk was full of garbage and pop cans and some of my clothes from the hospital that I'd asked him, you know, to bring back home were in there and he had junk on them. And she hauled out ten armloads, I think it was, out of my car. And by that time I was hot. I was really hot.

Because I knew that -- on the kitchen counter, you know, he would cook, and then he'd just leave things. And I'd say, "Milt, you can't do that. This is not what you came into. When you walked into my house, nothing was out of place. I don't live like that, so you've got to put it away.

"Oh, just lighten up. Just lighten up. You

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need to learn how to relax."

And I said, "I can relax, but I'm not putting up with that." And so he -- so my brother and them packed up everything, you know, and they didn't know how he was going to react. They knew that he'd probably want to see me and, you know, say, oh, let me stay. And they said, "No. This isn't happening, you know."

So he called. He had been trying to get ahold of me, and, you know, we weren't taking any calls. So he finally called, and I had my girlfriend answer the phone. I said, "You take it." I said, "I know it's him." So she did.

And he said -- the first thing he goes is: "Well, where is Judy?

She says, "She's home.

"Well, how is she?

"She's fine. Milt, there's been some changes made. You've left this room and this house in a disgusting mode. You have not finished doing your work that you said you would do. You have used her credit card to an extent that's unreal."

And she said, "So your stuff is packed, and it's out in the garage, and when you come back to town, we need to know what time you're arriving, because there will be police officers here to make sure that you don't

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bother her."

And then they found -- my brother went in and checked the computer, and it was loaded with pornography. This guy had every tool you could think of, you know. It was unreal. And I'm going, "Oh, no. Not on my computer, you know." Yeah.

I mean, he would take pictures of himself and send them across the line. And, I mean, it was just -- he was coming on to all of my nurses. Nobody would tell me this. He'd follow them to the kitchen and grab them and say, "Oh, I hear your heart beating. I know you want me, you know." The nurse said, "Like, yeah, right."

But he would do this, but nobody wanted to tell me. You know, they said, "Well, we thought you needed him, you know, to help you, and we just didn't want to rock the boat. We didn't want to upset you."

And I said, "My God, why didn't you tell me this? He would have been gone a long time ago, you know." I mean, it was unreal. Just unreal. And so he kept wanting to see me that day, and they said, "No. You're not talking to her. You're not going to see her. You just take your stuff and you go on your way and you have a nice life, you know.

"Well, I want the stuff off the computer.

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My brother says, "Then give me the code, and I'll go in and get it.

"Well, uh, I can't remember it."

My brother says, "Well, then I guess you don't need it, do you?" So he supposedly has all of the pictures and stuff like that, unless he's destroyed them.

Q. Have you had any contact with him since?

A. He called me last year one time, and I was very cold to him. And he wanted some information for his father. And --

Q. Like what kind of information?

A. His father was in a lawsuit, in a divorce, and he needed some information; a phone call that he had received here, and that I had overheard that phone call, and he wanted this officer to come and talk to me.

And I said, "I will do this for your father, but that's all." Well, I never did ever see the police officer. I think he was just trying to see if I would let him back in, you know. And he says something about "Well, let's just let bygones be bygones."

I said, "I don't think so."

He said, "Well, you know I really care for you."

And I went, "Yeah, right. You really do."

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He says, "No. I really do."
And I says, "Yeah, right. Good bye. Have a nice life." And so that was the last time I talked to him.
Q. Do you know if he's still living in this area?
A. He's not in this area. I heard -- I tried to get him for the credit card fraud, because he ran about ten grand up on my credit card.
Q. I was going to ask you how much.
A. Close to ten grand.
Q. That was unauthorized, not for you --
A. No.
Q. -- that he stole?
A. Yeah. You know, and so I called the police, they came out, and they took the report. We understand he's in the Burley/Rupert area, because that's where his Dad's from. And they're still trying to get probably stuff for his dad's house and things like that. Whether he's still there or not, I don't know, and I don't care.
Q. And he was your caretaker when you first came --
A. Yes.
Q. -- out of our client's facility?
A. Yes. He was my caretaker, uh-huh.
Q. Now -- and Creekside Home Health had talked to

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you about him a couple of times about their concerns about him and whether he was taking good care of you?
A. Uh-huh.
Q. Correct?
A. They have.
Q. I assume you appreciate that they did that?
A. Oh, I did. But he was taking good care of me. He was feeding me and -- you know, he would pop in and out.
He'd stay here, and he had -- he'd feed me, but he'd come in in the morning about 5:00 or 6:00 -- and I don't know where he was all night. He would take his camera and just disappear, so God knows what he was doing out there.
Then he'd pop in about 6:00, feed me about eight o'clock, and then he'd leave again and go on one of his walks that he said he always went on. Then he'd come back about noon or 1:00, and then he'd pop me in a TV dinner or something. Then he would leave again.
Then he would come back at dinnertime, and then he would feed me -- feed me and his dad. Then he would leave again, and I wouldn't see him until the next morning. Where he was, I have no clue.
Q. Did his dad live here at the same time?
A. Yeah. He moved his dad in. Yeah. His dad was

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80-some years old and getting a divorce and -- yeah.
Q. And so how long did the father live here with you and Milt.
A. A long time. A long time.
Q. So would Milt do any of your wound changing?
A. No. He did none of that. He didn't change me. He just fed me, basically. That's it.
Q. Did he ever change your wounds, your dressings?
A. Never.
Q. Or provide any treatment to them?
A. No.
Q. We were talking about the number of times people had visited, and we needed to cover Milt at some point, so that seemed like a good point.
A. Yeah. That was a good point.
Q. So Milt may have seen some wound changes, given that he took the pictures?
A. Oh, yeah.
Q. Or it sounds like he did.
And then Barbie, do you know if she did, in fact, see some of the dressing changes?
A. She did, because she wanted to see how it was progressing. So she said, "Well, I'd like to see that, you know."
And they'd say, "Okay. Fine." Yeah.

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Q. Did she ever observe the times where they weren't washing their hands --
A. Yes, she did.
Q. -- or any of those --
Do you know how many times she witnessed that?
A. I don't. You would have to ask her.
Q. And you don't know -- well, she obviously didn't get you out of there and didn't call Dr. Baker; right?
A. Right.
Q. Now, who would you interact with daily when you were there at Pocatello Care?
A. Who would I interact with daily?
Q. Yeah. Any of the residents at all?
A. No.
Q. I mean, not at all the entire time there?
A. No. No. No. No.
Q. Now, you're very adamant about that. Why?
A. Because old people have things, and I didn't want them. And most of them didn't have any common sense, didn't have a mind and -- you know. If I'm going to have a conversation with somebody, I want somebody who's intelligent to have a conversation with. And most of those people are in la-la land.
Q. So no interactions?

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A. Huh-uh.
Q. No?
A. None.
Q. What about your -- obviously, you'd have interactions with the CNAs or LPNs or RNs throughout the day?
A. Yeah.
Q. Do you remember the routine at all of when you'd see one versus another?
A. Well, it's a very strange thing up there, because when I was in there, you never knew when they were coming, you know. You never knew what time the morning nurse was going be there or the night nurse. It could be anywhere from 8:00 to eleven o'clock, depending on, you know, whenever they got there.
And the CNAs would come in and give me my bath. And they usually did a bed bath. Once in a while they'd put me in the shower. They'd put me in the lift and then -- but they had all of that mold in the shower, and that leg that was -- you know, had the wounds on it, would like almost touch that mold from the position. And I thought, oh, I don't want that stuff.
Q. Let me stop you there.
How often would you receive a shower each week?
A. Oh, gosh. Not very often.

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Q. Once or twice a week?
A. Oh, no. Not that much. You were lucky if you got a bed bath every other day.
Q. So I was just going to ask you: On the bed bath --
A. Yeah.
Q. -- how often would you get those?
A. I think it was almost every other day, and you didn't get any, I don't think, on weekends. They said, "Well, you can bring your -- your family can come in and do that." I thought, I'm not paying them to do that. Excuse me.
Q. When you would get the bed bath, would they leave your dressings alone -- the CNAs, and they would just sponge bath you and not get near the wounds?
A. Sometimes -- sometimes when the wound nurse would come in and they would be bed bathing me, she would take off all of the bandages and let them get kind of clean. You know, wash it and that.
Q. And what about the shower; would they actually -- would that be without your dressings on?
A. Yes. Without the dressings, yeah. She wanted it -- and then they would come in and scrub it. It's a good thing I couldn't feel down that lower leg. That would have hurt like heck.

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Q. What would they scrub it with?
A. I was trying to think of what they used to scrub with. God, I can't remember. I think it was a wash rag or something. But they would scrub it, and I would think, ahh.
Q. Scrub the wound?
A. Yeah.
Q. But you couldn't feel all down that leg?
A. No. Thank heavens.
Q. And that was from the hip surgery that you had had years before?
A. Yes.
Q. How about activities?
Did you participate in any activities there?
Bingo or --
A. No.
Q. -- going out and watching TV in the main room?
A. Huh-uh.
Q. Nothing?
A. No. You could say I was a recluse.
Q. Would the activities director come and visit you?
A. She came, I think, once just to kind of let me know what they were doing. And I thanked her and said, "No. I don't think so."

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Q. How about the director of nursing, would you have interaction with her each day?
A. I did.
Q. Every day?
A. Not every day. But she would come in, and I would tell her all of my complaints and everything, and she'd say, "Yeah. I know. We're understaffed and" -- you know.
Q. Are there any complaints that you told anyone that was employed or is no longer employed at the care center that you haven't covered yet -- that we haven't talked about?
A. Well, there was a lot of CNAs that would come in, you know, and I would talk to them about, you know, all of -- how dirty it was and everything and stuff like that.
Q. Sure.
A. They would agree with me, you know. And they said, "You know, what can we do? They're working us to death." They said, "There's not even enough of us to cover."
There were times that they would leave me in a wheelchair for eight solid hours with a broken hip in a wet diaper. And one time I waited about eight hours to get a pain pill. I sent three CNAs out to get a nurse,

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and each one said, "Yeah. I told the nurse you need a pain pill because you're in pain."

So I'd wait and wait and wait, and they'd never show up, and I'd ring the buzzer again: "Yeah. We'll go tell them." It took them eight hours to get me -- and that night nurse that came on, and she says, "Oh, here's your pain pill."

I said, "I ordered that this morning. I have waited all day.

"Well, nobody told me. Nobody said you wanted a pain pill, you know."

I said, "Well, I sent three CNAs out there." I said, "Where did the info go?"

She goes, "I don't know. There must have been a miscommunication some time." I thought, boy, lady, I'd like to see you lay in this bed for eight hours in pain like this. Yeah.

Q. Did that only happen once?

I'm not in any way minimizing it --

A. Yes.

Q. -- I'm just saying: Did it happen once?

A. Yes. It happened once on that. And then, like I said, in the wheelchair.

Q. Did that only happen once?

A. Yes. And then a couple of times they never

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gave me my telephone, so I couldn't call anybody to say, hey, get me out of here.

Q. What do you mean, never -- it was over --

A. Yeah. They forgot to give me the --

Q. -- away from the bed?

A. Yeah. And they didn't give me the light, you know -- well, they gave me the phone, but they didn't give me the light thing, so I couldn't buzz for the nurse. So I would have to like call Milt, and then he would call up there.

Q. When you were in the wheelchair -- you know, at that point -- were you able to wheel yourself at all?

A. I could, but I couldn't open the door once the door was closed, and my door was always closed usually. There was no way for me to open that door.

Q. When you were waiting for, you know, your changing when you were sitting in a wheelchair for eight hours or at the time that you were waiting for your pain pill for eight hours, did you call anyone on the phone in your room?

A. No, I didn't -- on the wheelchair I did, but not when I was laying in bed waiting for the pain pill. But when I was in that wheelchair, I had to call Milt, and he had to call the nurse.

Q. And did that help?

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A. Yeah. They came in and said, "Oh, we didn't give you your button."

Q. Anything else that you recall as being something you were not happy about or felt was not proper while you were at the facility or during that entire time period?

A. Let me think here what we went through. Yeah. They used to have -- they had a patient. I think she was just down the hall from me a little bit.

COURT REPORTER: I'm sorry. I need you to repeat that last part.

THE WITNESS: There was a patient -- I believe she was either behind me or across the hall -- and she was a screamer. She would just scream all day long, "Help me. Help me. Help me."

And I said to the nurses and the aides -- I said, "Why doesn't somebody help this lady?

"Oh, she just likes to scream."

I said, "Well, I have to listen to it, and I don't want to listen to it." I said, "Why don't you just go in the room, give her a hug, and give her a little teddy bear or something to hold?" I said, "And then go do your work and then come back, you know.

"We don't have time for that."

And this woman screamed for hours and hours.

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Finally they moved me. They took me to the other end. And so I was in that room for about two hours, and I heard, "Help me. Help me." And I thought, Oh my God, she followed me.

So I rang for the nurse, and she come in, and I said, "Who is hollering 'Help me. Help me.'"

She goes, "Well, this little old lady over here."

And I said, "I just had them move me so I didn't have to listen to that."

She goes, "I know it's just hard to -- nowhere to put them."

And I said, "You guys just need one section for people that like to scream, you know, and let us be in peace, you know."

Q. (BY MS. DUKE) So you did switch rooms while you were there?

A. Yes.

Q. Just once?

A. I think just once is all they switched me.

Q. And was that room -- the second room, how was it?

A. It was basically kind of about like the other one. It was a little bit cleaner, but not a whole lot.

Q. Was there poop anywhere?

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A. No. There wasn't any poop anywhere in that one. Oh, and they used to bring a dog in, which I thought was very unsanitary for -- if you've got open wounds, and they're bringing an animal in that's outside. Yeah. And then the CNAs would have to take the little dog around. At night they'd say, "Can we bring the dog in?"

And I said, "No. I don't want that dog in here." I said, "I don't need germs from that dog.

"It's a good little dog. He won't bother anything."

I said, "Don't you understand? That dog has been outside running all over the ground." Sometimes they'd bring him in; sometimes they wouldn't, you know. I don't know if they still have the dog up there or not.

Q. Any other complaints while you were there?

A. Like I said, the food was absolutely horrendous. I will never forget, the first night after they got me settled in my room, she brings me this tray with this little dome over it, and I was starving, and I thought, oh, good, dinner, you know. So I take the little dome off, and I looked at it, and I said, "What in the hell is that?"

She goes, "Well, that's your dinner."

I said, "Are you kidding me?" I said, "You

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think I'm going to eat that?"

She said, "Well, that's what we feed all of them here." And it looked like dog food. And it was about this big around and about that high. And there was just a little bit of veggies. That was it.

I said, "You really, really feed this to these people here?"

She goes, "Yeah."

I said, "God. It's no wonder they're dying up here. You're starving them to death, you know." So then my sister came up the second night, and they brought the dinner, and I said, "I want you to taste that."

And she said, "Eew, that looks disgusting."

I said, "Taste it."

She said, "Oh, you're not eating that." So she went and got me a burger. But she brought me dinner every night. And then I called one of the kids in that used to cook and be in there, and I talked to him, and I knew -- I knew his parents. And I said to him, "What's going on here? Can they not afford to feed the patients with what we're paying here?"

He goes, "Oh, they don't care." He said, "They just shove it out there." He said, "What do you want?" He said, "I'll see if I can't make you something."

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And so I said, "Well, how about a toasted cheese sandwich?

"Oh, the stove don't work."

I said, "You have a brand new kitchen with a $6,000 stove, and it doesn't work?"

He goes, "No. They're trying to get someone in here to fix it."

I said, "Well, how about maybe some soup?

"No. Don't got any of that either."

And then one time I got sick up there. I was really throwing up, and I said, "Do you guys have some Jell-o water or something, you know, broth?

"No. We don't stock that." I just shook my head, and I thought, I don't believe that this goes on. And they didn't care if you were diabetic or not. Everybody got the same.

Q. So they didn't have diabetic meals for you?

A. No. Absolutely not. I asked them about that, and they said, "No. You have to eat with everybody else. And if you look at it, and you know you're not supposed to eat it, don't eat it, or just eat half of it."

Q. Now, who is the young boy that you were talking about that worked in the kitchen?

A. Oh, what was his name? He worked there for

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quite a while. He was telling me how disgusting it was in there, and I said, "Tell me about it." I said, "You guys are trying to pawn this food off on me, and I'm not buying it." I said, "Absolutely not."

Q. So who was he?

What's his name?

A. I was trying to think of what it was.

Q. Or his folks' names?

A. His uncle's name is John, and his mother's name is Theresa Barilla. What is that kid's first name? Yeah. He would try. He would go to the kitchen and try to find me something, you know.

Q. Was his last name Barilla?

A. No. His wouldn't have been -- or would it have been. I don't know if she had him before she married that guy. It might have been Barilla. Check and see.

Q. Any other complaints about anything, you know, related to your care or stay there?

A. Well, like I said, they had the dog, and they used to put the dog out by my window. There was this little built in run, and he would bark, and bark, and bark, and bark, and bark. I said, "My God, people, I'm trying to rest in here. Do something with that dog.

Yeah. Well, there isn't anybody here to walk him or take care of him."

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I said, "Then you shouldn't have him here." Let's see. We covered the food, we covered the dirty rooms, the dog, the nurses, the CNAs.

I mean, they would come down -- these CNAs, no kidding -- I'm not kidding you -- would come down at night and sit in my room and cry at the conditions of that place and how it was run and how the patients were treated.

Q. But you don't remember any of their names?

A. I don't. So I used to counsel with them. And then the one, her name was -- I think it was Judy. She's no longer there. I don't know her last name. But she came into my room one night, and she started crying, and we were talking about it, and she goes -- she said, "It just makes me sick to see what's going on here." She said, "This used to be a good facility." And she says, "But anymore," she said, "it's not. They don't care. It's all about the money."

And I said, "Well, that's how most of them run."

And she said, "I went to administration, and I told them, you've got to hire more help. You're working these girls to death." They can't even get to the patients, you know. I mean, gosh it's unreal, you know. If you're choking to death, forget it, you're dead by

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the time they get there.

And she says -- you know, and she told them -- she said, "Can't you do something?" And they said, "No. And if you complain one more time, you're fired."

Q. This was Judy?

A. Uh-huh.

Q. Yes?

A. And she said, "I can't complain one more time. I need the job."

Q. Anything else?

A. I think that's about it, unless I think of something later on.

Q. If you do, please just let me know.

A. I will.

Q. With respect to your wound care, what was the process that the wound care nurse would go through?

A. She'd take off the bandage, and then they would spray it with stuff and kind of clean it, and then I think they had two -- I think it was two kinds of medicine that they put on that, and then they would wrap it.

Q. And this was always the wound care nurse doing the treatment part; right?

A. Yeah, right. And what was interesting was when Dr. Baker found out that it was a rheumatoid arthritis

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gene that was eating at my skin, he took a look at that, and he goes, "My God, they're treating you for the wrong stuff." He said, "That would have never ever healed, ever." He said, "You cannot treat rheumatoid arthritis gene with this -- what they think it is." He says -- because he said, "It's not going to work." So he changed all of the medications. Then the leg started to heal.

Q. So he was saying the center was selecting the treatment for you?

A. Yeah.

Q. And that they had selected the wrong treatment?

MR. LARSEN: Yes.

Q. (BY MS. DUKE) Yes?

A. Yes.

Q. Anything else with the wound care process, what they would go through?

A. I don't think so.

Q. Did that ever change, that process?

A. For the wound care? Yes. Dr. Baker ordered what he -- he put a steroid on it. He said, "You have to treat this wound with a steroid." I mean, he knew when he looked at it. He said, "I know what it is," but he said, "I'm going to biopsy it just to make sure."

Q. And had he seen the wounds at all prior to

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November?

A. No.

Q. And then it's my understanding you made a request -- it sounds like you made multiple requests, but you made a request to go to the wound care clinic?

A. Yes.

Q. And in kind of mid November that was --

A. Yes.

Q. -- request was fulfilled?

A. Yes.

Q. And why did you want to go to the wound care clinic?

A. Because I could see the wound, and I knew it wasn't healing.

Q. Was it one wound?

A. No. There was maybe six, seven by that time.

Q. How many did you start with?

A. I started with one little one on the back of my leg.

Q. How many did you have when you checked into Pocatello Care?

A. Probably about -- Pocatello Wound Care?

Q. No. No. I'm sorry. Pocatello Rehab.

A. Rehab?

Q. Yeah. I'll just call them Pocatello --

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A. Probably -- maybe four. Four or five.
Q. And did they change in appearance, those four or five, throughout your stay?
A. Not a whole lot. In fact, they -- oh, there was another thing about the wound care. They wrapped that one leg so tight around the top of the foot -- down there where your ankle is -- they wrapped it so tight that it damaged that skin and it bruised it. And then that one came into a big hole. And then he had to debride that one down clear to the tendons and the bone.
Q. When was that wrapping done?
A. That wrapping was done probably in November some time.
Q. By the wound care nurse?
A. Yes.
Q. And did you complain that it was too tight?
A. I couldn't feel it. That leg was dead. No feeling there.
Q. I mean, you certainly don't think she intentionally wrapped it too tight? It just happened.
A. No, I don't believe -- it just happened, but it caused more damage. And then the MRSA went into the bone, and then they had to amputate. They had no choice.
So that's when they -- after I came home, and

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they kept treating it, and Dr. Baker was hoping that that MRSA wasn't going to go into that bone, and it did. Then they had to send me to Salt Lake and have it amputated.
Q. So talking about the wounds, again; the four or five didn't really change, and then it sounds like you got another one or two during your stay?
A. Yes.
Q. And at least one of them, it sounds like, was one that went deep?
A. Yes.
Q. Did it have an odor?
Did any of the wounds have an odor to them?
A. I could never smell them.
Q. At any time?
A. Huh-uh. And I never really heard the nurses say, like, eew, yucky, yucky, you know.
Q. How about a drainage?
A. Yes. There was a drainage always.
Q. What color and consistency?
A. Don't --
Q. Like was it a watery type drainage or a chunky?
A. Yeah. Kind of a watery. I don't believe it was chunky. I think it was kind of a watery...
Q. Do you remember it being clear, yellow, orange,

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white?
A. I think it was between yellow -- clear and yellow. Right in there.
Q. Do you remember that ever changing?
A. I think it stayed about the same. I'm not sure, because I didn't pay -- after a while I just quit paying attention. I just -- you know, change it and get it over with.
Q. When you were at the wound care clinic, what type of treatment did they do?
A. He cleaned it off, and then he took that biopsy and that culture. And then I think he put a steroid on it. That's what he did.
Q. Would you be in the Whirlpool at all?
A. No. They never did ever put me in the Whirlpool.
Q. Did you ever have a wound VAC?
A. Yes.
Q. When was that?
A. When I came home from the hospital, they put me on wound VAC.
Q. From the amputation?
A. No. Before. When I came home from up here at your place.
Q. Oh, okay.

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A. Then they put a wound VAC on this --
Q. You had a wound VAC on?
A. -- hoping to heal it. In fact, when I went back in the hospital -- had to go to Salt Lake, they had to send the wound VAC back?
Q. And I understand from your earlier testimony, you learned you had MRSA from Dr. Baker?
A. Yes.
Q. And after you had the MRSA, were there any changes at all in your care at the Pocatello Rehabilitation Center?
A. Yes.
Q. And what changes?
A. They were supposed to gown up and everything to come into my room.
Q. What else?
A. And like if visitors came, they were supposed to gown up.
Q. Was there any sign on your door or anything?
A. I believe they had one there.
Q. Anything else?
A. No. Just that they were supposed to always gown up to come in, and they didn't always gown up.
Q. How often would they not gown up?
A. Oh, gosh. I don't know. After a while, it got

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to where they -- they just weren't gowning at all.
Q. I mean, not even once?
A. (Nodding affirmatively.)
Q. What about the wound care nurses, would they gown up?
A. They did. They would gown up.
Q. But the CNAs and --
A. CNAs --
Q. -- LPNs would not?
A. Yeah.
Q. Any other changes once you had MRSA?
A. Like what?
Q. With respect to your care at the facility.
A. Oh, just that they were, you know, attending to that, and...
Q. Were you told that you had to stay in your room?
A. Yeah. They told me I needed to stay in the room so that nobody else got it.
Q. But it sounds like you at least got out a couple of times?
You at least went to the gift shop, you had said, to do some Christmas shopping?
A. Uh-huh. Yeah.
Q. So, I mean, you got out a little bit -- of your

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room?
A. I don't know -- like I said, it was in November when I went to the gift shop, but it wasn't -- I don't think it was after --
Q. You think it was pre MRSA?
A. Yeah. It was before.
Q. And the gift shop is in the hospital?
A. Uh-huh.
Q. And so did a CNA wheel you there?
A. No. Karen took me over.
Q. Your friend?
A. Yeah.
Q. Did you get dressed, or were you just in a robe?
A. No. It was just a nightgown, and I had a blanket over me.
Q. And you're sure that was before the MRSA?
A. Yes. Yeah. They wouldn't let me out of there without being gowned.
Q. Did you have any discussions with any of your medical providers as to how you contracted MRSA?
A. Yeah. I talked to the nurse. Yeah. One of the nurses. In fact, it was one of the nurses that came in -- Baker had called her and told her, you know, that they needed to start treatment for the MRSA -- the

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antibiotics and stuff like that. And she's the one that came in and told me that -- and there was a CNA there.
Q. And what did -- how did they say you contracted it?
A. They said they didn't know. They just said, "You've got MRSA. We've got to start you on these high doses of antibiotics."
Q. Anything else that they said in that regard?
A. I can't remember, but Tina was in the room, so Tina might remember.
Q. How about Dr. Baker, did he say how he thought you contracted MRSA or Pseudomonas?
A. He said, "It can be anywhere."
I said, "Well, it's sure funny that I come into a facility, and I get it. And I spend my whole life out here working in the dirt and everything and never ever get anything like that, you know."
Q. But I assume he still said, well, you can get it anywhere?
A. Yeah.
Q. Was he at all critical of Pocatello Care Center to you?
A. Was he critical of them?
Q. Yeah.
A. I don't know. You'd have to ask him.

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Q. I'm just saying: Did he state any criticisms to you about Pocatello Rehab Center?
A. You know, I think when he said, you know, about what they were treating -- they were treating the wrong thing. There was a statement made. He said something about, "Well, I'm not surprised."
Q. But beyond that, he said nothing more?
A. No.
Q. Correct?
A. Correct.
Q. And I understand that you left Pocatello Rehab Center because your Medicare coverage was expiring?
A. Exactly.
Q. And you basically had a financial choice to make: You could go onto Medicaid and continue in a facility, but that would mean, I guess, losing your home --
A. Yes.
Q. -- and any assets you had.
Is that right?
A. That's right.
Q. And so you had a choice; right?
A. Yes.
Q. And your choice was to?
A. Come home.

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Q. Did any of your medical providers express to you that they would have preferred you were in a medical facility rather than at home?
A. No.
Q. And did Milt move right in when --
A. Milton was here before I went to the hospital.
Q. How long had Milt lived here?
A. He had been here -- I believe he moved in like in April, or May, June, somewhere in there.
Q. With his dad?
A. No. His dad didn't come until Christmastime.
Q. And had Milt moved in to help you before going to the hospital and to be your caregiver?
A. Yeah. He was my friend, and he moved in, and he was going to do some remodeling and stuff like that, so, you know, he just -- he was living in Boise and decided to move down here.
Q. And was he also your care provider before you went into the hospital?
A. Yes, he was. Yeah.
Q. Kind of doing the same things he was doing when you came home from the hospital?
A. Yeah. Yeah. He would cook meals and...
Q. And your wounds were being treated not by Milt, as you said, but instead by Creekside; right?

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A. By Creekside.
Q. And now by Access?
A. Yes.
Q. When they treat those, have you ever had an issue with them not gloving up?
A. No. They've always -- both facilities have always gloved and washed their hands.
Q. And washing the hands -- I mean, are you able to see them wash their hands here?
A. No. But I can hear them turn the water on in there. We have antibacterial stuff, and we have soaps and paper towels.
Q. So did you feel they all appropriately cleansed themselves and sterilized themselves --
A. Uh-huh. Yes, I do.
Q. -- before addressing your wounds?
A. Yes.
Q. And you would continue to go to the wound care clinic as well; correct?
A. No. I didn't go to the wound care clinic. He came here.
Q. That's right. Dr. Baker made home visits.
A. Yeah. He made home visits.
Q. Was that surprising to you, or did you know he would do home visits before --

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A. I didn't know he would do home visits, so I was really quite surprised.
Q. Now, obviously we've talked about this a bit. You had your knee amputated -- excuse me -- your leg amputated below the knee?
A. Yes.
Q. In the spring of 2008?
A. Yes.
Q. Did any medical provider -- well, what's your understanding as to why you had the knee amputated?
A. You mean the leg?
Q. Excuse me. The leg amputated below the knee. Sorry about that.
A. Wait a minute. I didn't lose the knee.
Q. Yeah. Sorry. You kept the knee.
A. I kept the knee. So give me the question again.
Q. What was your understanding as to why you were having the below-the-knee amputation?
A. They said that the reason that they had to amputate was, number one, it was into the bone, which would spread throughout the body. And if I wanted to keep the leg, you were talking 100- to $200,000 more of treatment that they didn't know if they could get rid of the MRSA or not. So if I really wanted to walk again,

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then the leg had to be taken off.
Q. So it was the MRSA that was causing that versus the Pseudomonas, in your mind?
A. Yes.
Q. Any idea when you contracted the MRSA?
A. Well, like I said, in August I didn't have it when I went in. So I don't know how long it takes once you contract it for it to show up. I don't have a clue. So I don't know. It could have been, you know, September, October, November. Those three months before it was discovered. Somewhere in there.
Q. How about the Pseudomonas, any idea when you contracted that?
A. I don't. It could have been about the same time. I'm not sure.
Q. Any idea how you contracted the Pseudomonas?
A. I don't. They said it can float through the air and get you, you know. Come through the urinary tract and get you.
Q. With respect to the amputation, did any medical provider tell you that the amputation was because of MRSA or Pseudomonas --
A. Yes.
Q. -- or both?
A. The MRSA.

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Q. MRSA. And was it your understanding that if the amputation was done, the MRSA would be gone?
A. Yes.
Q. They told you that?
A. Yes.
Q. Now, has anyone told you, that's a medical provider, that any of the problems with your right or left hips have anything to do with the MRSA?
A. No.
Q. Have any of them told you that you need surgery because of the Pseudomonas, or is it instead because of the fracturing?
A. Pseudomonas in the right hip, so they had to go in and take out all of the old metal and put in a new bunch of metal.
Q. Was that one also broken, the right hip?
A. It was coming apart, yes.
Q. So did you understand you were going to have that surgery whether you had Pseudomonas or not on the right hip?
A. Yes.
Q. Tell me -- and has anybody said that either of your knees have been affected by the MRSA or the Pseudomonas at all?
A. No.

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Q. Tell me what your typical day is like.
A. Well, my CNA gets me up about 7:00 in the morning, gives me a bath, fixes my breakfast.
Q. Do you get a bath every morning?
A. Every morning I get one.
Q. Sorry. I didn't mean to interrupt.
A. That's okay. And then my nurse comes, and she gives me my shots and flushes the PICC line.
Q. What time does she come usually?
A. We never know. It could be anywhere from 7:00 to 9:00. It depends on when she gets here. And then everybody leaves, and so usually I check my emails, read. Sometimes I'll take a nap. And then it's lunchtime, and whoever comes, comes.
Q. Who came today?
A. That was Lonnie who was here.
Q. She's one of your friends?
A. Yes. So she'll fix me lunch and change me and make sure I have water and everything, and then she leaves. And then about, oh, a quarter after 5:00, 5:30, then whoever -- my sister, or whoever shows up, they do dinner and change me, then they leave. And then about 8:30 or so, then whoever is on duty that night comes, gets me ready for bed, gives me my shots --
Q. You mean from Access?

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A. No. These are people I hire.
Q. Okay. These are --
A. Yeah. These are people that I have to hire. And then they get me ready for bed, get me my snack, and away they go. And then I don't see anybody until the morning.
Q. So the morning is when Access comes?
A. Yes.
Q. And then the rest of the day is friends and family?
A. Friends and family, yes.
Q. Now, the gal today, Lonnie, did you pay her?
A. I do pay her.
Q. Do you pay everybody who comes and helps you?
A. I pay everybody that comes and helps.
Q. And what do you pay them?
A. I pay them usually $10 to $20, depending on what they're doing.
Q. So tell me what's $10 and what's $20?
A. So $10 would be if they're just coming to change me and do lunch or dinner. And $20 an hour is if they're going to wash dishes or do laundry or vacuum or things like that.
Q. What about bringing you meals?
A. They will sometimes bring me meals. They'll

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stop and get me something.
Q. But what about today, like Lonnie, did you pay her to come today?
A. Yes.
Q. And what about your sister, do you pay her?
A. My sister I don't. She's real good. I don't have to pay her, which is nice.
Q. Who don't you have to pay?
A. Huh?
Q. Who don't you pay?
A. I don't pay my sister.
Q. Is that it?
A. That's it. Yeah. Because I pay my daughter-in-law, and I pay my friends.
Q. Who does your lawn?
Is it the same person who was doing it back in the spring of '07?
A. Joni Vaughn. My therapy? Yes.
Q. No. Sorry. The lawn maintenance here.
A. Oh. I have Page's come in and do it. Page's Landscaping.
Q. And have they been doing it since the spring of '07?
A. Yeah. Because Dr. Page was doing it, and then his cousin -- I think it's his cousin and brother took

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over on that, so, yeah -- so they've been doing it.
Q. Do they do the weeding, too?
A. No. I hire that done.
Q. Who does that?
A. Usually Lonnie. She does my weeding and landscaping and plants flowers and sticks in artificial flowers. Yeah.
Q. So how much -- how much do you spend a month then on, you know, having various folks come in and do what you're describing throughout your day?
A. Well, usually a full day like that when they're coming in and doing it, is usually about $50 a day is what it's running.
Q. Is it $10 each time or an hour?
A. Each time. Whether they're here an hour or 45 minutes.
Q. And so the first person who comes is at lunch; right?
A. Yes.
Q. And, for instance, Lonnie today, was that $10?
A. Uh-huh. Lonnie would have been ten, plus the lunch.
Q. Plus whatever lunch was?
A. Because she brought me a hamburger, yeah.
Q. And then who usually brings dinner?

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A. They usually will try to fix it here, you know.
Q. And who usually tries to do that?
A. My sister usually does it. She'll do it two nights a week, maybe three. Then I have to fill in with other people.
Q. And then someone comes to help you at -- after your sister is here to help you get ready for bed?
A. Yeah.
Q. Will she help you get ready for bed, or does somebody usually help --
A. My sister?
Q. Yeah.
A. No. Because she lives on the other side of town. So I have to have people close to this area that, you know, don't have to travel very far.
Q. And how much do you pay them for coming and helping with that?
A. $10?
Q. So for instance, for like today, would that be $20 for the day, assuming your sister comes in and does dinner?
A. It will be 30 today.
Q. Because somebody else is coming?
A. Yeah. Exactly. And if they go to the store, then I pay them to go to the store, you know. It's not

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cheap. Let me tell you. Now you know where my last settlement went. I'm paying all of these people.
Then I have people come in and -- when I need electrical work done or things like that, I have people come in and do that.
Q. How often does someone clean your house?
A. Once a week.
Q. And who does that?
A. Usually Lonnie.
Q. And how much do you pay her for that?
A. Huh?
Q. How much do you pay her for that?
A. She gets $10 an hour, and she brings her daughter, and her daughter gets $10 an hour.
Q. So it all averages out to, you think, about $50 a day?
A. Yeah. It averages out to about that.
Q. I think I asked you this earlier, and I apologize if I did. I'm 99 percent sure I did.
Have you talked to any employees or ex-employees of Pocatello Care and Rehabilitation Center since leaving that facility?
A. Not that I know of.
Q. How often do you get out of your bed?
A. Whenever anybody has time.

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Q. So how often is that usually?
A. Once a week, maybe once every two weeks.
Q. Otherwise you're in bed the whole time?
A. Yeah.
Q. And you wear --
A. Because somebody has to be here with me when I'm up, so if I start hurting, they can put me down, you know, because I can't wheel around and really do anything because the house is not that handicap accessible.
So if I wanted to clean out a drawer or something, then, you know, I have to have somebody here in order to do it. So they come, and then I just tell them what I need done. Yeah.
Q. And from a bowel and bladder standpoint, you just wear a Depends?
A. Yes.
Q. And then that's changed when people are here?
A. Uh-huh. Yes.
Q. Taking you back to April of 2007, where you were in bed again, your hips were causing you issues -- we had talked about that earlier where you were bedridden.
Was your day basically the same at that point?
A. Like what do you mean? Give me an example.

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Q. In April of 2007, it was my understanding that you were bedridden; is that correct?
This is a couple of months before you go into the Portneuf, and then my --
A. Yeah. Yeah. I would get up in the morning --
MR. LARSEN: Let me enter an objection or a clarification.
April of 2007, are you saying that's when she went in to start this treatment?
MS. DUKE: No. No. It was my understanding she was bedridden at that point, from prior testimony, due to the hip issues.
THE WITNESS: No. That would have been in -- let's see. When I went in to you guys up here.
Q. (BY MS. DUKE) Right. It was -- that was August?
A. That was August, so it would be August of 2007.
Q. Okay. So it's your testimony that you did not tell any of your medical professionals --
A. No. Because I had not been bed bound until that time.
Q. Okay.
A. Yeah.
Q. So if that's in your medical provider's records --

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A. Yes.
Q. -- that's incorrect; right?
A. If it's in there, it's -- the only thing that's correct has got to be -- it's got to be August of 2007, because that was one of the reasons that doctor wanted me in. Not only because of the leg, but because I couldn't walk.
MS. DUKE: Let me take like a five-minute break, go through some notes and call my client, and we're just about wrapping things up.
(Break taken from 3:25 p.m. to 3:35 p.m.)
MS. DUKE: Back on the record.
Q. (BY MS. DUKE) The modifications to the house -- for instance, the ramp in front -- when was that done?
A. Let's see. When was that one done? Gosh, about four years ago, maybe five.
Q. Was it after your fall at Ridley's?
A. No. I think it was before. I think I had it done before.
Q. And why did you have it done?
A. Because I just thought it would be nice for -- you know, you would have to go up and down the steep stairs, and I was on a cane, and I had the artificial hips, and so the State came in and did it.

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Q. Oh, the State did it?
A. The State did it. I got a grant and did it.
Q. How long have you been in the house?
A. 14 years.
Q. And did you build it?
A. No.
Q. How about the raised toilet, when was that done?
A. Milt did that. He did that when I was in the hospital in 2007.
Q. In probably August of '07 or --
A. No. It would have been later he did it, because he worked on the house for quite a while.
Q. So when do you think he did that?
A. Probably that summer.
Q. Summer of '07?
A. When I went to Salt Lake.
Q. That you went to Salt Lake?
A. I think he did it -- yeah.
Q. So 2008?
A. Yeah. He did it then. And he did the shower.
Q. Same time?
A. Uh-huh. And put in a door to my bedroom, because we thought I would be walking maybe with a walker. It didn't work out that way.

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Q. Even after the amputation you were hoping to be able to walk with a walker; correct?
A. I was hoping to.
Q. And it's my understanding your knee just doesn't have the flexibility to have the prosthetic on it; correct?
A. No. That's what Dr. Selznick said. He said, "No prosthetic for you."
Q. Are you aware of any lab tests or biopsies that were done before you saw Dr. Baker in November with respect to any of your wounds?
A. I don't know if there was. I know there was no biopsies. Baker is the one that did the first biopsy. But I'm sure they probably did some lab tests in the hospital there when I went in. They usually do.
Q. You've talked about and explained the complaints that you had with respect to the facility.
Have you thought of any others?
You just said you were going to -- if you thought of any others, you'd let me know, but I'm just checking to see if you've thought of any others.
A. I don't think I've thought of any others yet.
Q. Now, you had also mentioned that you had talked to people at the facility --
A. Yes.

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Q. -- about your concerns related to the facility?
A. Yes.
Q. Let me ask this first: Would you fill out complaint forms at all?
Do you ever remember filling out any type of documentation about any of your concerns or complaints?
A. I did. I think I signed one or two while I was there.
Q. And do you remember what they were about?
A. I can't remember now, but I had the director of nurses in there. I had them all in there.
Q. But you think you signed one or two complaints?
A. Yeah.
Q. And you can't remember what they were about?
A. Huh-uh. They should have a copy of them.
Q. Do you remember when they were?
A. I think right kind of like when I first went in. Maybe the first week or two. Right in there. I was hoping maybe if I did that, they would change and make it a better condition for everybody to live there.
Q. Did you ever get any paperwork back from Pocatello Care and Rehabilitation Center regarding any of your complaints?
A. I don't think so.
Q. Now, the director of nursing, did you complain

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to her from time to time about issues?
A. Yes.
Q. And do you remember her name?
A. I don't.
Q. Was it just one director of nursing?
A. I think so.
Q. And do you recall specifically what you complained to her about?
A. About the conditions of the place, the filth, and the smells, and the food, letting people lay for long periods of time and not changing them. Yeah.
Q. Anything else that you specifically complained to her about?
A. I don't know. There was a time that they were putting me in the lift -- a couple of CNAs, and they were so busy talking to each other about the party that they had been to and how drunk they got, that they were not paying attention. And they knew they had to be really careful because of this broken hip, and they were just, my word, jerking me all over the place.
And then there was the time that they didn't have a battery. They got me up in the air, and then the battery stopped, and so they had to send somebody running around there trying to find a battery. And one of the CNAs came in, one of the guys, and he said, "Why

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is she up in the air like that?"
And they said, "Well, the battery went dead, and we've got somebody out trying to find one."
And he says, "Well, don't you know how to manually put her back to bed?
"No, we don't know." And so he pushed it over there, you know, and he manually had to do it. He had to drop me, you know, and that, but he got me back into bed.
Q. And you complained to the director of nursing about that?
A. I did.
Q. Anything else that you complained to her about that you haven't already listed?
A. No. I think that's probably about it.
Q. How did you feel she was responsive wise to all of these claims?
A. She was just kind of funny. She was just like, "Oh, well," you know. Not real concerned about the matter. So I felt like I was really not getting anywhere, you know, with her.
Q. Did she tell you she'd take care of things or do anything like that?
I mean, was there any action that she said she would take?

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A. Yeah. She said she would check into it and see what they could do to make it better.
Q. On all of the claims and complaints that you made to her?
A. Yes.
Q. And did she do anything to make things better?
A. No.
Q. How about the administrator, did you ever talk to the administrator?
A. Yes.
Q. And do you remember his or her name?
A. What was his name? It was a guy, but I can't remember what his name was. He screamed a lot out in the hall at people. He was quite a screamer.
Q. What do you mean, "at people"?
A. Really, he just -- patients, nurses, scream at them, yell at them, you know, treat them like a piece of dirt. They all hated him there.
Q. So he'd scream at the residents and at the nurses?
A. Yes.
Q. Did he ever scream at you?
A. Oh, no. He knew better than to scream at me.
Q. Why do you say that?
A. Because I'm a very strong woman, and he would

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have probably had a glass of water thrown on him real quick. I don't take that from anybody.
Q. How many times did you complain to him?
A. I complained to him a couple of times.
Q. And do you remember what they were about?
A. Just, you know, leaving people in the wheelchairs and stuff like that. He said, "Oh, we'll try to do better, but we're really short staffed." And I thought, well, if you weren't getting all of your little toys down there, buddy, you could take that money and staff people here.
Q. What do you mean, his little toys?
A. Because they always get bonuses and stuff like that. He would get four wheelers and everything, yeah, for keeping the patients in.
Q. From the company he would get that?
A. That's right.
Q. Where did you hear that?
A. I heard it from some of the nurses and that.
Q. Okay.
A. Yeah.
Q. And what did they say in that regard?
A. They said they thought it was wrong, that that money should be used for, you know, hiring more CNAs and things like that.

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Q. But what kind of bonuses did they tell you that he was getting?
A. He got -- he got -- like, I think it was a four wheeler. He got trips.
Q. And why was he getting these, as it was being expressed to you?
A. It was being expressed to me, because if -- let's say he got 60 patients in there. If he could keep it at 60, they're making big money. If it fall downs, then you don't. So they gave him the bonuses to keep that, you know.
Q. So that's all hearsay that you heard through people?
A. Exactly. It's hearsay. But I do know they let him go and the nurses -- the director of nurses. Once I filed with the State and complained, they came in and investigated, then heads rolled, people moved.
Q. Any other times or issues that you talked to him about?
A. No. That was about it.
Q. It sounds like you talked to a number of the CNAs about problems and issues, but you don't recall any of their names?
A. I don't. It's been too long.
Q. Or the LPNs or the RNs?

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A. No. The only one I can think of was that Judy.
Q. Would you use your phone to call when you wanted someone there to help you -- to call out to the nurse's station?
A. Oh, I usually just used the call light, you know.
Q. And usually that was accessible to you; right?
A. Yeah. They had it tied to my bed there. There was a couple of times they forgot.
Q. Sure. But for the most part, it was accessible?
A. For the most part it was there, but then you didn't -- you'd wait and wait and wait to get somebody to come.
Q. The complaint that you made to the State, tell me about that.
A. Once I came out of there, I thought, you know, this is not right how people are being treated. It's absolutely unacceptable. You know, people need to die with dignity and be treated decently.
Q. When did you make the claim?
A. Let's see. It was either -- I think it was January.
Q. Of '08?
A. Of '0 -- yeah. It would be '08, I think.

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Yeah.
Q. It was about a month after you had been there?
A. It was about a month after I was there, I think. So I probably --
MR. LARSEN: After she left?
MS. DUKE: Sorry. After she had left there, yes.
THE WITNESS: Yeah. After I left. And I filed a complaint because, I thought, this is not right. I go in there expecting good health care, and I come out with MRSA and losing a leg here down the road. I thought, this is not right. People should not have to be afraid to go in these places, you know, and be treated like a piece of crap.
So I thought, you know, I'm going to call -- or I'm going to call them. And I called them, and I said, "I want to file a complaint." They said, "Okay." So they sent me the papers. And I, you know, told them. I said, this is what's going on in this facility, and you need to check this out, and so they did.
And then they sent me a copy, and it was noted in that -- and I don't know if you have a copy of it or not -- that, you know, they were not washing their hands or putting the gloves on like they should have, you know. And then, of course, the other things, you know, they were -- I was reading through it, and I was going,

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well, this is a real laugh, you know, because they would say, "Oh, no. The food was just so delicious."
Q. (BY MS. DUKE) Who would?
A. The State when they came in. The State goes, "Oh, it was -- we had the last tray of the day, and it was so good." And I thought, well, you didn't go at the right time then.
Q. It was a written claim or a complaint that you made to the State; correct?
A. Yes.
Q. And I know you've maintained a copy --
A. Yes.
Q. -- as well as a copy of the State's investigation.
A. Yes.
Q. Were you aware of changes being made at the facility after you left?
A. All I heard was the two heads rolled big time.
Q. Which two heads?
A. Directors -- the director of nursing and the guy.
Q. You heard that they were terminated, the administrator and the director of nursing?
A. That's what I heard. I said, "Good. They should be." But I've heard -- I've had people, you

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know, that go up there and stuff like that, and they said, "There's no changes. It's still the same."
Q. You have friends that have gone there and --
A. Yeah. To see people and that, and they said, "It's still staying the same. You know, it still smells, the rooms are still dirty, you know."
Q. I would assume they're not talking about wound care or anything like that specific?
A. No. They're talking the general -- you know, the building and the rooms and -- yeah.
Q. Did anyone from the State interview you?
A. No, I don't think so. I think they just sent me -- after we talked on the phone, then they sent me the thing, and I filled it out.
Q. Why didn't you fill it out in November or December when you were there?
A. Well, because I wasn't quite sure what they would do to me filing against them. I thought, well, you know, I'll wait until I'm in my own territory and be safe here. I didn't want to be one of those casualties that, you know, gets the pillow over the face.
Q. And how did you think about contacting the State and going through the complaint process?
A. Well, I knew that you could contact the State.
Q. How did you know that?

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A. I've just known it for years; that if you have a medical problem with something -- you know, a medical facility, that there are, you know, places you can go to get help, you know.
And so I knew that, and I thought, well, I'll just wait until I go home, then I'll call them, see what they want to do about this, you know. And so I did. And, you know, I was hoping what they would do was make a surprise visit, but they called ahead and said, "Oh, we're coming." I thought, that was not very smart, people. You want to catch them doing all of this stuff, you need to go when they're not expecting you, you know.
Q. Did you do anything else with any other investigative body or governmental body related to your care at Pocatello --
A. No.
Q. -- Care and Rehabilitation?
A. It was just the State.
Q. You didn't go to the city or the county or anything like that?
A. No.
Q. The mayor's office, the ombudsman, nothing like that?
A. Yeah -- no. Didn't go there.
Q. Just so I understand, are you critical of

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contracting just MRSA or MRSA and Pseudomonas?
What's your claim?
A. What do you mean am I critical?
Q. What's your claim in this lawsuit related to?
A. In the lawsuit, for the MRSA and the Pseudomonas both.
Q. And how has your contracting the MRSA and the Pseudomonas impacted your life?
A. Well, number one, I used to have a life and could move around and do things. I might have moved slow, but, by golly, I would get it done. Now, I can't do that. I'm stuck in a bed. I have to depend on everybody to take care of me.
I used to take care of myself. If I wanted to get in the car and go, I could go. I can't do that right now, you know. It's changed my whole life totally, you know. It just -- it's just like you're almost at the mercy of everybody, you know, because here you are in this bed, and you depend on these people, and they need to be there to help you.
Who wants to spend their life in a nursing home? Not me. No, thank you, you know. Been there, done that, seen how they work, huh-uh. I mean, it's not only your facility. It's every facility that I was in from here to Salt Lake.

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Q. I understand.
A. They're all run about the same, you know. Because it's corporate, and they don't care. It's all about the money.
And so, yeah, it's totally changed my life. I can't just get up and go to a show, or I can't get up and go visit my girlfriends, or, you know, go shopping, unless somebody comes and puts me in the wheelchair and takes me to shop. I can't clean my house. I can't play in my garden.
You know, it's hard to hold my grandbabies, you know, if I want to hold them. I can't play with them. I'd love to, you know, take my grandchildren on trips and things like that. I can't do that. So it's impacted my life tremendously.
I mean, I lost all independence. So now I have to depend upon everybody. I don't have that freedom to -- you know, and just to sit without hurting, you know, and just to be able to get out of bed to go sit on the toilet or take a shower. It's been two years since I've had a shower, you know. I would give anything to go be in a shower and not have to have a bed bath.
Giving parties, entertaining. If I want to do that, then I have to call somebody and say, okay, I need you -- I need to hire you so you can come and, you know,

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set up the tables, cook the food. I used to do all of that myself. I can't plant flowers, you know. I can't pull weeds. I can't do any of that stuff.
So here I am, you know, with a TV for entertainment, a computer. That's not a high quality of life, you know. And I always said that, you know, they ought to take these people that own these nursing homes, put them in a hospital bed for 30 days. Don't let them get out. Let them lay in that poop, let them lay in that pee, let them ring that buzzer, and I'll bet you ten to one that would change in these homes if they, themselves, had to go through this and give up all of their lives, and we would have a high quality of nursing homes out there for these people so that they could die in dignity.
You know, they don't have to lay there and depend upon somebody that can come by whenever they get there, and, you know, so that's -- you really lose a lot. You lose it all. You really, really, do. You know, but until people make something happen, it's going to stay the same. It takes more usually than one person to change it.
So that's how it's impacted my life, you know. You just lose so much, you know, because you just -- you can't go do it. You really can't. And I miss all of

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those things. Because I was one that I loved to go. I love to camp, you know, love to work in my yard. I love to do all of those things, but I can't do it now.
And I never will be able to. Because no matter what they do, it's not going to change the fact that I can't get down on my knees, dig a hole, plant flowers. There's nothing that's going to change that, you know. And I will probably always have to have some help of some kind, you know, to help me get in the shower, dress me, you know.
I mean, try balancing on one leg, you know. That's quite -- you know, I can't even balance on this leg yet. This leg has not touched the floor in almost three years.
Q. Your right leg?
A. Uh-huh. Yeah. So, yeah, it's just -- it's just like everybody's taken everything away from you, and you have to depend on them to do it, you know. And some people can afford to pay for it.
And I've been lucky that I've been able to do that, or I would have had to have ended up in a nursing home, you know, and that's -- I had a cousin that spent 30 years in one of those places, and it's not fun. You know, I wouldn't want to do it. So, yeah, it has impacted upon my life a lot.

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Q. With respect to your experience with nursing homes, I understand Hillside (sic) was one. Your husband was there before his passing.
A. Right. Uh-huh.
Q. It sounds like -- I guess, tell me your other experiences, obviously, other than my client and Hillside (sic), what other nursing homes --
A. Oh, Hillcrest.
Q. Hillcrest. I'm sorry.
A. Yeah. Hillcrest was -- it's always been dirty and smelly, you know. Like I said, I had a cousin there that spent 30 years there.
Q. Oh, at Hillcrest as well?
A. Yeah. You know, and I used to work in this one years ago when it was the county -- when it belonged to the county, and it was clean then, and it was run good, you know. Those people didn't have to wait.
If they were ringing a buzzer, you were there or you answered to somebody why you weren't there. Their food was excellent. My mother spent 25 years cooking there. Fabulous. It wasn't all of that processed junk they give you today, you know.
When I went to Salt Lake, they put me -- first they put me in the hospital, cut the leg off, and then they had to hold me for like 16 days or so until they

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could see what they were going to do with the hip.
So they put me -- I says, "Well, you've got to find a clean one, because I want it clean, and I want good food." So they found me this little one out somewhere outside of Salt Lake, and they put me in that one. Well, that was a horrific experience.
Q. Why was that?
A. Oh my God. The guy was just going to throw me in the bed. I said, "I don't think so. I've got a broken hip. You ain't throwing me nowhere, you know." And their food was terrible. It was so bad. I said, "My God, you two must have went to the same cooking school."
And the room was dark. It was painted all brown and done in jungle stuff, so it was depressing. There was a little, itty-bitty window. Other people spoke Spanish. You had no communication with these people.
And I complained about their food, and, of course, here comes all of the people in, you know. And I said, "You know, it's no wonder. You have no communication here. These people speak Spanish, you're speaking English. How do you expect them to understand what you're trying to portray? They don't know, you know."

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Their idea of a cheese sandwich is you take two pieces of bread, and you don't put them on a grill or anything, you put them in the toaster, and you slice a piece of cheese, and you slap it on there, and you give it to the patient. That is not a toasted cheese sandwich.
I mean, if you can gag those down. I got to the point I couldn't even gag them. I'm going, "Eew." It was the same way, though. It was dirty, you know, and that. It was just -- it was amazing.
Q. How was the wound care there?
A. They didn't do the wound care, because the leg had been cut off, so the wound care wasn't done there. Then they discovered Pseudomonas and went, whoops, let's run her into the hospital and take this hip out. So they did.
And so they got everything out, put the spacers in, and they said, "Well, we've got to send you somewhere."
And I said, "My God, don't send me back to that place." I said, "There's got to be one good one out here." Well, they did -- they found a good one. And it was beautiful. It was a rehab center, and it was gorgeous. They had their own chef. The food was awesome.

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So I spent six weeks there and then went in and they replaced the hip at the knee, and then they kept me for about four or five days, then they shipped me over to a big hospital that was a rehab, you know. Then after a couple of weeks I came home before they killed me.
I said, "Let me out of here. I will get my own therapist, but I am going home." So then I came back home. But that was my experiences with nursing homes.
Q. Various facilities?
A. Yes. Yes.
Q. From the standpoint of your claims in this case, I understand they're related to both you contracting MRSA and Pseudomonas. I wanted to just ask you -- and I think you've already answered these. I just want to make sure I'm not missing anything.
A. Okay.
Q. You state that -- one of your allegations is that during the time that you were a resident at defendant, PCRC's Pocatello facility, that defendant's and defendant PCRC's other employees failed to establish, maintain, and execute an infection control program to design to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection.

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Just in your own words, you know, what are you saying there?
A. What I am saying is that if the facility had been run properly, as it should have been, and everybody would have been watching to make sure that they were doing their jobs, that none of this would have happened. I mean, it was -- it was totally unnecessary. Totally, absolutely unnecessary.
Q. Have you talked to any of the experts that you would intend to have testify at trial regarding the standard of care for the operation of a care center?
A. No, I have not.
Q. I understand you've spoken to the life care planner. Let me grab her name.
A. Oh, yes. What's her name? Karen. Who is it?
MR. LARSEN: Karen.
THE WITNESS: Karen.
MS. DUKE: By Kellie Lance.
MR. LARSEN: Kellie Lance.
THE WITNESS: Kellie. I knew it started with a "K."
Q. (BY MS. DUKE) And it's my understanding you actually met with her?
A. Yes. Kelly came to my home here.
Q. And how long did she spend with you?
A. Oh, gosh. She was here two, three hours.

Maybe four. I'm not sure.
Q. And you had told her that you're not a candidate for a prosthetic device due to a hip fracture. What were you communicating to her there?
A. That I wasn't -- I couldn't have a prosthetic device for the simple reason the knee does not bend. Unless knees bend, you cannot have an artificial knee put in. And this knee doesn't bend, so you cannot have a prosthesis, because the knee won't bend.
And the knee -- he can't put a new knee in, because it doesn't bend enough. You have to have a certain degree, to my understanding, and it's -- and I don't have that.
Q. Have any of the medical care providers talked to you about how they could get you up and walking without a device -- a prosthetic device?
A. No. Because they're not sure, at this stage, what's going to happen. They don't even know if these bones will work or what condition the back is in.
Q. I assume when you talked to her, you provided her truthful and accurate information?
A. Yeah.
Q. Just a couple of last areas here.
Let me ask this while I'm looking through: What damages are you seeking in this case?

A. You mean money wise?
Q. Correct.
A. I don't know if I'm allowed to discuss that.
Q. And what I mean is, you know, what are you seeking to be compensated for?
A. For the loss of my life, basically.
MR. LARSEN: Well, and, Counsel, we have provided you with a complete breakdown of those by way of --
MS. DUKE: The economic --
MR. LARSEN: The economic -- the life care plan, Jeff Op's report, the entire breakdown.
Q. (BY MS. DUKE) I assume you'll just rely on that?
A. Yes.
Q. That's fair.
Do you feel that we've adequately covered all of the concerns or complaints that you had related to your stay at Pocatello Care and Rehabilitation Center?
A. I believe so.
MS. DUKE: I don't think I have any other questions, but let me just make sure with Nanaz.
Nanaz, do you have anything else, and if you do, I can take you off speaker and go into another room?
MS. KASHEFI: No. I'm good for now.
MS. DUKE: All right. Thank you.

Ms. Nield, thank you very much for your time. It's greatly appreciated. And like I said, thank you for welcoming us into your home -- I'm having a hard time with that word today -- to do this. It really is appreciated.
THE WITNESS: Well, thank you for coming to my home, you know, so I didn't have to try to sit in a wheelchair for very long.
MS. DUKE: This was a good way to do it. Thank you.
THE WITNESS: Thank you.
MR. LARSEN: I don't have any questions.

(The deposition concluded at 4:08 p.m.)
(Signature requested.)

VERIFICATION.

STATE OF _____)
) ss.
COUNTY OF _____)

I, JUDY NIELD, being first duly sworn on my oath, depose and say:
That I am the witness named in the foregoing deposition taken the 24th day of March, 2010, consisting of pages numbered 1 to 220, inclusive; that I have read the said deposition and know the contents thereof; that the questions contained therein were propounded to me; that the answers to said questions were given by me, and that the answers as contained therein (or as corrected by me therein) are true and correct.

Corrections Made: Yes_____ No_____

_____
JUDY NIELD

Subscribed and sworn to before me this _____ day of _____, 2010, at _____, Idaho.

_____
Notary Public for Idaho
Residing at_____, Idaho.
My Commission Expires: _____.

REPORTER'S CERTIFICATE

STATE OF IDAHO)
) ss.
County of Ada)

I, ANDREA L. CHANDLER, Certified Shorthand Reporter and Notary Public in and for the State of Idaho, do hereby certify:

That prior to being examined, the witness named in the foregoing deposition was by me duly sworn to testify to the truth, the whole truth and nothing but the truth;

That said deposition was taken down by me in shorthand at the time and place therein named and thereafter reduced to typewriting under my direction, and that the foregoing transcript contains a full, true and verbatim record of said deposition.

I further certify that I have no interest in the event of the action.

WITNESS my hand and seal this 4th day of March, 2010.

Andrea Chandler

ANDREA L. CHANDLER
RPR and Notary
Public in and for the
State of Idaho.

My Commission Expires: 7-20-10

EXHIBIT 11

Portneuf
MEDICAL CENTER
WEST CAMPUS
651 MEMORIAL DRIVE
POCATELLO, IDAHO 83201
(208) 239-1000

RADIOLOGY REPORT

NAME: NIELD, JUDY ROOM:
MR: 125192 ACCT: 3867343
ORD: 3395838 AGE: 65 DOB [redacted]
DATE OF EXAM: 8/27/2007

PHYSICIAN(S): DANIEL JONES M.D.

PROCEDURE: CHEST PORTABLE,1-VIEW (1805 HOURS)

COMPARISON: 08/27/2007 at 1646 hours.

INDICATIONS: PICC line placement.

FINDINGS: The left-sided PICC line has been repositioned. It now courses down into the distal superior vena cava. The patient remains slightly rotated. Heart size and vasculature are stable. Lungs are clear. Costodiaphragmatic angles are sharp bilaterally.

CONCLUSION: LEFT-SIDED PICC LINE IN SATISFACTORY POSITION.

Chris Bachman M.D.
Dictated by: Chris Bachman M.D. on 8/27/2007 at 19:15
Typed by: DA on 8/27/2007 at 19:47

DD: 08/27/2007
DT: 08/27/2007 1947

DATE	HOUR	PROGRESS NOTE
8/26/07	1 out.	X-3 x last BM as well as Voiding. Drsg dry & intact to LLE. D'd by RN Cecilia. Med x 4 for c/o hip pain c MS 4mg. 7/10 & now at 2/10 - Med. by RN - IV push. New order obtained to give MS 4mg SQ tonight - States Norco makes her stomach upset & doesn't work either. Pt. can do some ADL's c set up - meals, grooming ↑ body dressing. Assist. needed for bed pan placement & positioning in bed. — Dawn RN
8/27/07	0225 nsg	Res to unit room intact & flushed. Medicated x 3 per pain 4/10 to hips & LLE with MS. @ 0130. By RN. Drsg to LLE WNL T=97° Oriented Res A&Ox4. Ice applied
8/27/07	2015 nsg	Res had picc line inserted this PM. Res is 1 person plus for transfers. Drsg intact 9/10 pain x 2 in AM. Morphine 4 mg given each occasion by RN Joyce New orders in afternoon D/c'd morphine, Norco ordered. Res returned from IV therapy @ 1900.
8/28/07	0200 nsg	Picc line patent flushed Rescoded Res A&Ox4. T 98° Drsg intact to LLE Res 1 Person assist c repositioning encouraged x 1 pain Norco 10/325 @ 2330 for C/O hip pain 8/10. 5 Sometimes for 9/10 heart burn & sitting up
8-28-07	1800	Resident noon BS 189 received 1u insulin. Other BS w/NL. Picc line flushed ABX given. ✓ c/o at this time.

LAST NAME: Nield | FIRST NAME: Judy | ATTENDING PHYSICIAN | ROOM # | MED. REC #

PROGRESS NOTES

EXHIBIT12

DATE	HOUR	PROGRESS NOTES
10/10/07	0000	Reconnected to Hydro @ 2000 gtts/hr (2)
	NSG	Hep pain. Picc line patent flushed. Drsg intact to LLE. Req 2 person assist to adls incont of BSB. Repositioned Q2° & prn ——— Hannah
10/10/07	1905	Pic picture. Norco given @ 1000 at 1430 for c/o hip pain. Pt states effective. Drsg to LLE intact. Pt 2 person assist c transfers c lift, 1 person assist c hygiene et cares, set up for feeding. ——— TH
10/10/07	2200	Reconnected to Hydro @ 2000 gtts/hr (2)
	NSG	Hip pain. Morris left transfer to 2 person assist. 2 person assist to adls incont of bsb repositioned Q2° & prn. Picc line patent flushed ——— Hannah
10/11/07	1535	Pain. Picc line cont to flush & diff. Drsg to LLE dry et intact. Cont. to receive therapies as ordered by phys. Cont. to require 2 person asst. c transfers. Hip pain med x 1 today for leg pain 7/10 c relief of 2/10. ——— M. Mc Pherson
10/12/07	0645 NSG	Pended Picc line flushes for sent CTs Pair of 2nd second 2 Hydro helpful needed resting gastric at 2400 needed c/o stomach at 0300 Pepcid Smithcare for dyspepsia helpful needed resting comfortably at 0500 ———
10/12/07	1537	Picc line patent et flushes & diff. Drsg to LLE clean, dry, intact. Patient had c/o pain to both hips @ 1320 7/10. Medicated @ that time. Patient is at dental appointment @ this time. Patient broke a rear molar earlier today & c/o upset stomach. this shift Patient is 2 person assist c transfers c lift ——— TH

LAST NAME	FIRST NAME	ATTENDING PHYSICIAN	ROOM #	MED. REC. #
Nield	Judy	Jones	A1	

EXHIBIT 13

ORIGINAL COPY

PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Stock

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order / Date/Time
Family Name: Weld First Name: Judy
Admission Number / Room Number: A-7
Attending Physician: Jones

1

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
12/3/07			D/C meds for home				D/C pt to home.
			✓ Metformin 1000mg PO BID				
			✓ Novolog Insulin SS (per)				
			120-160 = 2units 201-250 = 6units 301-400 = 10units				
			161-200 = 4units 251-300 = 8units 401-500 = 12units				

Physician/Prescriber Signature / Title / Date

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone | On Physician's Order Sheet | Med Sheet | TX Sheet | Nurse's Notes | Patient Care Plan | ADL/Flow | Signed | Date | Time

ORIGINAL COPY

PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Stock

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order / Date/Time
Family Name: Weld First Name: Judy
Admission Number / Room Number: A-7
Attending Physician: Jones

2

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
12/3/07			✓ Lantus Insulin 27units SQ QHS (per)				
			~~Naprosyn 500mg PO BID as needed (eMAR)~~				
			✓ Norco 5/325 1 or 2 tabs 4x day prn pain #40				
			✓ Colace 100mg PO BID				
			✓ Lovenox 40mg SQ daily				

Physician/Prescriber Signature / Title / Date

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone | On Physician's Order Sheet | Med Sheet | TX Sheet | Nurse's Notes | Patient Care Plan | ADL/Flow | Signed | Date | Time

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Stock

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order / Date/Time
Family Name: Weld First Name: Judy
Admission Number / Room Number: A-1
Attending Physician: Jones

3

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
12/3/07			✓ Synthroid 0.05mg PO daily				
			✓ Omeprazole 20mg PO daily				
			✓ MVI 1 tab daily				
			✓ Lisinopril 10mg PO daily				
			Wound care per Dr Baker.				

Physician/Prescriber Signature / Title / Date

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone | On Physician's Order Sheet | Med Sheet | TX Sheet | Nurse's Notes | Patient Care Plan | ADL/Flow | Signed | Date | Time

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order | Date/Time
Family Name: Weld First Name: Judy
Admission Number | Room Number | Attending Physician

1

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
12/3/07	1230		Phenergan 25mg T p.o. q6° PRN nausea #30 No refills.				
			Diclofenac (Cataflam) 50mg T p.o. bid.				

Physician/Prescriber Signature | Title | Date 12/3/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time

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☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order: M. Richardson Date/Time: 12/3 9415
Family Name: Weld First Name: Judy
Admission Number | Room Number: A1 | Attending Physician

2

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
12/3/07	1415		Foot rests. -leg extensions for wheelchair				
			V.O. M. Saurwein				

Physician/Prescriber Signature | Title | Date 12/18/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup St

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order | Date/Time
Family Name | First Name | Admission Number | Room Number | Attending Physician

3

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX

Physician/Prescriber Signature | Title | Date

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time

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☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ____ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB | Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201 | Signature of Nurse Receiving Order: M. McGrew | Date/Time: 11/23/07 1030

Family Name: Nuls | First Name: Judy | Admission Number: | Room Number: A-1 | Attending Physician: Jones

1 Telephone Orders

Date Ordered	Time Ordered	Date D/C'd	MEDICATION /Order	Dose & Form	Route	Schedule	INDICATION - DX
			Noted M. McGrew NP Do NOT give sliding scale insulin at night - only with meal - breakfast, lunch and dinner				

Physician/Prescriber Signature: [signature] Title: [illegible] Date: 11/28/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ____ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB | Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201 | Signature of Nurse Receiving Order: [signature] | Date/Time: 11/29/07

Family Name: Nuls | First Name: Judy | Admission Number: | Room Number: A-1 | Attending Physician: Jones

2 Telephone Orders

Date Ordered	Time Ordered	Date D/C'd	MEDICATION /Order	Dose & Form	Route	Schedule	INDICATION - DX
11/30/07	1210		Mechanical Lift (Hoyer) for home. Hospital bed for home use → anticipated discharge per pt's wishes on/about 11/30/07 Training to be completed, Mitt, [illegible]				

Physician/Prescriber Signature: [signature] Title: [illegible] Date: [illegible]

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ____ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB | Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201 | Signature of Nurse Receiving Order: [signature] | Date/Time: 11/07/07

Family Name: Nuls | First Name: Judy | Admission Number: | Room Number: A-1 | Attending Physician: Jones

3 Telephone Orders

Date Ordered	Time Ordered	Date D/C'd	MEDICATION /Order	Dose & Form	Route	Schedule	INDICATION - DX
			for SQ insulin shots, BS testing, use 1 Lift. Home Health for bath aide & home nursing for BS w/ insulin monitoring.				

Physician/Prescriber Signature: [signature] Title: NP Date: 11/30/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order: Joyce Maffield RN Date/Time: 11/13/07 0800
Family Name: Nield First Name: Judy
Admission Number: Room Number: A-1
Attending Physician: Jones

1 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
11/13/07	0800		resume dsg A routine mon/Fri				
			Change NS wet to moist				
			cover wound with ABD				
			Keflex				

Physician/Prescriber Signature: Ms Rouston Joyce Maffield RN Title: Nurse Practitioner Date:

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone | On Physician's Order Sheet | Med Sheet | TX Sheet | Nurse's Notes | Patient Care Plan | ADL/Flow | Signed | Date | Time

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order: Date/Time:
Family Name: Nield First Name: Judy
Admission Number: Room Number: A-1
Attending Physician: Jones

2 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
11/19/07			Aventure wound for staple				
			on 11/26/07				

Physician/Prescriber Signature: Title: Date 11/19/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone | On Physician's Order Sheet | Med Sheet | TX Sheet | Nurse's Notes | Patient Care Plan | ADL/Flow | Signed | Date | Time

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☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order: M.M. Shee LPN Date/Time: 11/22/07 1300
Family Name: Nield First Name: Judy
Admission Number: Room Number: A-1
Attending Physician: Jones

3 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
11/22/07	1300		Sliding scale insulin three times daily before breakfast lunch and dinner Novolog R				
			120-160 2 units	201-240 8 units		300-400 10 units	
			161-200 4 units	241-300 8 units		400-500 12 units	
			Increase by 2 units to 27 units daily				at night

Physician/Prescriber Signature: Title: Date 11/22/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone | On Physician's Order Sheet | Med Sheet | TX Sheet | Nurse's Notes | Patient Care Plan | ADL/Flow | Signed | Date | Time

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ___ Doses taken from Emergency/Backup St

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order: [signature] Date/Time: 10/30/07
Family Name: Nield First Name: Judy
Admission Number: Room Number: A1
Attending Physician: Jones

1 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
10/30/07			Please discontinue PICCLINE.				

Physician/Prescriber Signature: Diana B Krawtz DNP Title: NP Date: 10/30/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order: [signature] Date/Time: 11/6/07
Family Name: Nield First Name: Judy
Admission Number: Room Number: A-1
Attending Physician: Jones

2 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
11/6/07	1105		Evaluation of wound care for ? hyperbaric tx per Admit request				

Physician/Prescriber Signature: [signature] Title: Date: 11/6/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ___ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order: Date/Time:
Family Name: Nield First Name: Judy
Admission Number: Room Number: A1
Attending Physician: Jones

3 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
11/12/07	0930		Lantus 25U SQ qHS.				

Physician/Prescriber Signature: [signature] Title: Date:

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Stc

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order: [signature] Date/Time:
Family Name: Pelo First Name: Judy
Admission Number: Room Number: A-1
Attending Physician: Jones

1 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
10/15/07			① Fluconazole 150 mg po daily X 7 doses ind: tinea cruris				

Physician/Prescriber Signature: [signature] Title: Date: 10/15/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Stoc

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order: Date/Time:
Family Name: Pelo First Name: Judy
Admission Number: Room Number: A1
Attending Physician: Jones

2 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
10/22			Please send stool for C. diff., fecal leukocytes				
			Imodium 2 mg PO q 1° prn diarrhea Max: 16 mg/day				
			Lisinopril 10 mg PO daily				HTN

Physician/Prescriber Signature: [signature] Title: Date: 10/22/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Stc

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order: [signature] Date/Time: 10/24/7 0100
Family Name: Pelo First Name: Judy
Admission Number: Room Number: A-1
Attending Physician: Jones

3 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
10/24			Phenergan 25 mg PO q 4° prn nausea				

Physician/Prescriber Signature: [signature] Title: Date: 10/24/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order: [signature] Date/Time: 10/4/07
Family Name: Wield First Name: Judy
Admission Number: Room Number: A-1
Attending Physician: Rawlson

1

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
10/4/07	Noted		Diet Clarification 2000 ADA diet TO/RBO D. Swenson				

Physician/Prescriber Signature: [signature] Title: Date: 10/9/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time

ORIGINAL COPY

PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup St

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order: [signature] Date/Time: 10/5/07
Family Name: Wield First Name: Judy
Admission Number: Room Number: A-1
Attending Physician: Rawlson

2

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
10/5/07	Noted		Dietary Clarification: Reg. Texture, 2000 ADA, high protein, multi-vitamin & minerals daily.				✓

Physician/Prescriber Signature: [signature] Title: Date: 10/9/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time

ORIGINAL COPY

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☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup S

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order: [signature] RN Date/Time: 10/12/07
Family Name: Wield First Name: Judy
Admission Number: Room Number: A-1
Attending Physician: Rawlson

3

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
10/12/07	1111		Medication clarification: Cefazolin 100mg (IV) q8° x 1 week: Cellulitis Omeprazole 20mg pogd: GERD				

Physician/Prescriber Signature: [signature] Title: Date: 10/16/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy ☐ Courier ☐ Faxed (Fax Original) ☐ Phone	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time

ORIGINAL COPY

PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ___ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order / Date/Time:
Family Name: Wild First Name: Judy
Admission Number: Room Number: B-36
Attending Physician: Rowson

1 Telephone Orders

Date Ordered	Time Ordered	Date D/C'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
9/24 noted 9/24/07			T Metformin to 1000 mg PO qhs and 500 mg PO q AM x 1 wk, then to 1000 mg PO BID if tolerated				DM

Physician/Prescriber Signature: [signature] MD Title: Date: 9/24/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

2 Telephone Orders

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order: [signature] LPN Date/Time: 9-25-07
Family Name: Wild First Name: Judy
Admission Number: Room Number: B-38
Attending Physician: Rowson

Date Ordered	Time Ordered	Date D/C'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
9/25 0830			VOM increase protein in diet for wound healing				wound heal

Physician/Prescriber Signature: Title: Date:

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ___ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order: [signature] Date/Time: 9/25/07
Family Name: Wild First Name: Judy
Admission Number: Room Number: B-38
Attending Physician: Rowson

3 Telephone Orders

Date Ordered	Time Ordered	Date D/C'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
9/25/07 noted by AB, RN 9-25-07 1630			Multi vit daily High-protein diet for wound healing				

Physician/Prescriber Signature: [signature] MD Title: Date: 9/25/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ___ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB | Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201 | Signature of Nurse Receiving Order: Hill RN | Date/Time: 9/4/07

Family Name: Reed | First Name: Judy | Admission Number: | Room Number: B38 | Attending Physician: Dr Rowtson

1

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
9407	1700		① Fentanyl patch 25 mcg apply q 72° ✓ ind: hip pain				
Noted 9/4/07 Hill RN			② ↑ metformin to 500 g po bid				
			③ ↑ Lantus to 23 units SQ qhs				

Rx PAN

Physician/Prescriber Signature: J. Rowtson MD | Title: | Date: 9407

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone		✓					Hill RN		

ORIGINAL COPY

PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ___ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB | Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201 | Signature of Nurse Receiving Order: Hill RN | Date/Time: 9/7/07

Family Name: Reed | First Name: Judy | Admission Number: | Room Number: B38 | Attending Physician: Dr Rowtson

2

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
Noted Hill RN 9/7/07			diet clarification: NCS 2oz Ensure pudding at breakfast 500mg Vit C po qd until wounds healed V.O. DR Rowtson/Hill RN				

Physician/Prescriber Signature: | Title: | Date: 9/9/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone		✓			✓		Hill RN	9/7/07	

ORIGINAL COPY

PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ___ Doses taken from Emergency/Backup S

Facility Name: POCATELLO CARE AND REHAB | Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201 | Signature of Nurse Receiving Order: | Date/Time:

Family Name: Reed | First Name: Judy | Admission Number: | Room Number: B38 | Attending Physician: Dr Rowtson

3

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
91007			◇ BS ✓ to bid				
noted 9/10/07							

Physician/Prescriber Signature: J. Rowtson MD | Title: | Date: 9 10 07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Tim
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ____ Doses taken from Emergency/Backup Stock

Facility Name: POCATELLO CARE AND REHAB | Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201 | Signature of Nurse Receiving Order | Date/Time

Family Name: Nuelo | First Name: Judy | Admission Number | Room Number: B-38 | Attending Physician: Rowtson

1 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
8/27/07			Clarification Order - OT 3x/wk to ↑ ⊕/tolerance/ safety ↑ ADLs/mobility. P. Chambers, OTR/L				

Physician / Prescriber Signature: J Rowtson | Title | Date: 9/4/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ____ Doses taken from Emergency/Backup Stock

Facility Name: POCATELLO CARE AND REHAB | Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201 | Signature of Nurse Receiving Order: HillRN 8/30/07 | Date/Time

Family Name: Nuelo | First Name: Judy | Admission Number | Room Number: B-38 | Attending Physician: Rowtson

2 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
8/30/07 HillRN 1030			Wound Care: Stasis ulcers ① calf + foot ① Clean w/ NS ② Cover w/ Mepitel ③ Cover w/ ABD ④ Secure w/ Kerlex & Ace Change daily until resolved		V.O. DR Rowtson/HillRN		

Physician / Prescriber Signature: J Rowtson | Title | Date: 9.4.07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone							HillRN 8/30/07		

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ____ Doses taken from Emergency/Backup Stock

Facility Name: POCATELLO CARE AND REHAB | Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201 | Signature of Nurse Receiving Order: Albert Brown RT. 8-30-07 1600 | Date/Time

Family Name: Nuelo | First Name: Judy | Admission Number | Room Number: B-38 | Attending Physician: Rowtson

3 Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
8-30-07.			Late Entry - Clarification orders For Physical Therapy written on 8-25-07: Physical Therapy 5x/wk For STAFF Training Bed ⇄ wc, Transfer Training, Therex. TO improve Trunk strength + mobility — DNR/BLEx				

Physician / Prescriber Signature: J Rowtson | Title | Date: 9/4/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ____ Doses taken from Emergency/Backup St

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order: CHudsen RN Date/Time: 8/25/07 1600
Family Name: Nield First Name: Judy
Admission Number: Room Number: B-38
Attending Physician: Jones

1

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
8/25/07	16:00		Blood sugars ac and HS				
8/25/07	16:29 noted by CHudsen RN		Sliding Scale 150-199 1u, 200-249 3u 250-299 5u, 300-349 7u, 350-399 8u greater than 400 call MD				
			Norco 5 - tab q 4° p.r.n pain. PICC Line placement				

Physician/Prescriber Signature: J. Ronstrom Title: Date: 8/25/07 TTO Dr Kapp & Hudson RN

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ____ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order: Dawes RN Date/Time: 8/26/07 1815
Family Name: Nield First Name: Judy
Admission Number: Room Number: B-38
Attending Physician: Jones

2

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
8/26/07	noted QD		MS 4mg SQ q 3° tonight only 8/26-27 T.O. Dr. Wheeler				

Physician/Prescriber Signature: J. Ronstrom Title: Date: 8/27/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ALL MEDS ☐ Send ★ MEDS ONLY ☐ ____ Doses taken from Emergency/Backup St

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE POCATELLO, ID 83201
Signature of Nurse Receiving Order: Joyce Mayfield Date/Time: 8/27/07 1110
Family Name: Nield First Name: Judy
Admission Number: Room Number: B-38
Attending Physician: Jones

3

Telephone Orders

Date Ordered	Time Ordered	Date DC'd	MEDICATION/Order	Dose & Form	Route	Schedule	INDICATION - DX
8/27/07	1110		① wound care L. leg per Wound care nurse verbal order. Dr Ronstrom/Joyce Mayfield RN				

Physician/Prescriber Signature: J. Ronstrom MD Title: Date: 8/27/07

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone									

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Sto

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order: Hill RN
Date/Time: 8/27/07 1300
Family Name: Mield First Name: Judy
Admission Number:
Room Number: 38B
Attending Physician: DR. Houston

1

Telephone Orders

Date Ordered	Time Ordered	Date D/C'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
82707	1135		① D/c Morphine ② APAP/Hydrocodone 5/325 (dose change)			1 po four times daily prn pain	
			~~③ D/c Lortab~~				

FAXED Rx 1300

Noted Hill RN

Physician/Prescriber Signature: [signature] Title: Date: 82707

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone		✓					Hill RN	8/27/07	

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PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN

☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☑ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Stock

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order: Hill RN
Date/Time: 8/27/07 1300
Family Name: Mield First Name: Judy
Admission Number:
Room Number: 38B
Attending Physician: DR. Houston

2

Telephone Orders

Date Ordered	Time Ordered	Date D/C'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
82705	1140		④ Omeprazole 20mg po daily ⑤ Simethicone 80mg po tid prn dyspepsia ⑥ CBC, CMP, ESR please in am and q Monday				

Ax Rx 1300

Noted Hill RN

Physician/Prescriber Signature: [signature] Title: Date: 8.2707

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone		✓					Hill RN	8/27/07	

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☐ Send NO MEDS ☐ Send ★ MEDS ONLY
☐ Send ALL MEDS ☐ ____ Doses taken from Emergency/Backup Stock

Facility Name: POCATELLO CARE AND REHAB
Address: 527 MEMORIAL DRIVE, POCATELLO, ID 83201
Signature of Nurse Receiving Order: Hill RN
Date/Time: 8/27/07
Family Name: Mield First Name: Judy
Admission Number:
Room Number:
Attending Physician: DR. Jones

3

Telephone Orders

Date Ordered	Time Ordered	Date D/C'd	MEDICATION / Order	Dose & Form	Route	Schedule	INDICATION - DX
8/27/07			Order clarification: PICC line placement for cellulitis previous order DR. KNAPP / Hill RN				

Physician/Prescriber Signature: [signature] Title: Date: 8 2807

NURSE: Please Initial The Documentation Record As Performed

Pharmacy	On Physician's Order Sheet	Med Sheet	TX Sheet	Nurse's Notes	Patient Care Plan	ADL/Flow	Signed	Date	Time
☐ Courier ☐ Faxed (Fax Original) ☐ Phone							Hill RN	8/27/07	

PCRC000109

EXHIBIT 14

Comprehensive Resident Assessment

Admission Date: 8/25/1 Time: 1400 Transported By: Cart

Accompanied By: CHudson RN Age: _____ Sex: F

T: 97.8 P 80 (Reg ✓ Irreg ___) R 16 B/P 131/70 Weight 180 Height: 5 ft 4 in

Attending Physician notified of admission: [✓] Yes [ ] No Time 1400 AM / PM Date: 8/25/07

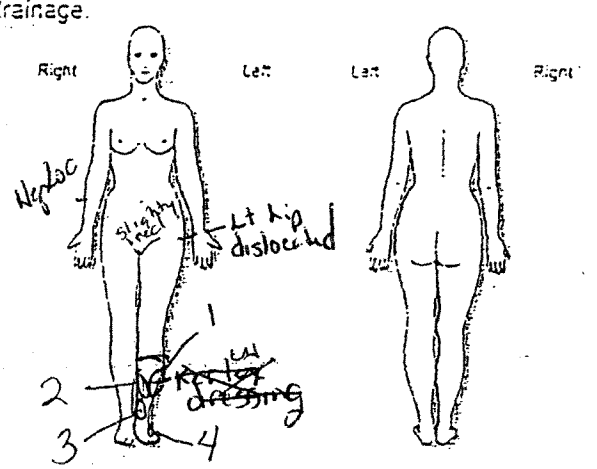
Allergies (with reaction): Medications _____

Allergies: Food NONE

Other _____

Date of last chest x-ray or PPD: ___/___/___ Results for TB: [ ] Positive [ ] Negative

Skin Condition: Indicate below all body marks such as old or recent scars (Surgical and other) bruises, discolorations, abrasions, pressure ulcers or any questionable markings. Indicate size, depth (in. cms), color and drainage.



Comments:

Lt Lower leg numb.

Special Treatments & Procedures:

Mepilex sponges to Open areas one Lt lower leg + foot
#1 11cm Long 10cm at widest point
#2 9cm x 9cm
#3 5cm x 9cm
#4 2cm x 2cm

General Skin Condition: [ ] Reddened [ ] Pale [ ] Jaundiced [ ] Cyanotic [ ] Ashen [✓] Dry [ ] Moist [ ] Oily [✓] Warm [ ] Cold [ ] Edema [ ] Site of Edema

Paralysis/Paresis: site: _____

Contracture: site: _____

Congenital anomalies: _____

Prosthesis: [ ] Glasses [ ] Dentures – Upper [ ] Dentures – Lower [ ] Hearing Aide [ ]
Other: _____

Functional Status

Transfers: – able to transfer
[ ] Independently
[ ] 1 person assist
[ ] 2 person assist
[✓] Total assist

Ambulation – able to ambulate
[ ] Independently
[ ] 1 person assist
[ ] 2 person assist
[ ] with device: _____
[ ] Wheelchair only
[ ] Wheelchair/propels self
[✓] Bed rest

Weight bearing – able to bear
[ ] Full weight
[ ] Partial weight
[✓] Non-weight bearing

Supportive devices used
[ ] Elastic hose [ ] Footboard
[ ] Bed cradle [ ] Air mattress
[ ] Sheepskin [ ] Egg crate
[ ] Hand rolls [ ] Trapeze
[ ] Sling

Traction: Where _____
When _____
Other _____

Judy Nield Jones B-38

Resident (name) Physician Room/Bed Admit Date Birth Date

Comprehensive Resident Assessment Continued

n/a

Hearing

	Right	Left
Adequate	[ ]	[ ]
Adequate w/ Aide	[ ]	[ ]
Poor	[ ]	[ ]
Deaf	[ ]	[ ]

Vision

	Right	Left
Adequate	[ ]	[ ]
Adequate w/ Glasses	[ ]	[ ]
Poor	[ ]	[ ]
Blind	[ ]	[ ]

Oral Assessment

Own Teeth [ ] Yes [ ] No

Dentures

Upper	[ ] Complete	[ ] Partial
Lower	[ ] Complete	[ ] Partial

Do dentures fit? [ ] Yes [ ] No

Condition of teeth:

Eating/Nutrition

[ ] Dependent [✓] Independent [ ] Needs Assist.

[ ] Dysphagic: Reason:

Adaptive equipment:

Type/consistency of diet: regular

Food likes:

Food dislikes: okra

Beverage preference: milk

HS snack preferred: [✓] Yes [ ] No

Personal Hygiene/Grooming

	Indep	Assist.	Dep
Tub	[ ]	[ ]	[ ]
Shower	[ ]	[ ]	[ ]
Bed bath	[ ]	[✓]	[ ]
Oral Hyg.	[ ]	[✓]	[ ]
Shave	[ ]	[ ]	[ ]
Grooming	[ ]	[✓]	[ ]
Dressing	[ ]	[ ]	[ ]
Shampoo	[ ]	[✓]	[ ]

Sleeping

Usual bed time: 10 AM (PM)

Usual arising time: 8-9 (AM) / PM

Nap time: _____ AM / PM

Communication

[✓] Clear [ ] Aphasic [ ] Dysphasic

Language spoken: english

Psychosocial Aspects

Family Relationships

Members visit

Closest relationship with Manny Perez

Which words describe resident?

[✓] Alert [ ] Angry [ ] Fearful [ ] Noisy [ ] Friendly [ ] Cooperative

[ ] Lethargic [ ] Non-questioning [ ] Combative

Answers Questions: [✓] Readily [ ] Reluctantly [ ] Inappropriately

Mood: [ ] Passive [ ] Depressed [ ] Elated [ ] Quiet [ ] Questioning

[✓] Talkative [✓] Secure [ ] Homesick [ ] Wanders mentally [ ] Hyper

Comprehension: [ ] Slow [✓] Quick [ ] Unable to understand

Oriented: [✓] Yes [ ] No

Disoriented To: [ ] Time [ ] Place [ ] Person

Resident Given explanation or involved in plan of care: [✓] Yes [ ] No

Motivation Toward Rehab: [✓] Good [ ] Fair [ ] Poor

Personal Habits: Smokes [ ] Yes [✓] No

Uses alcohol [ ] Yes [✓] No

Discharge Evaluation

Prior living arrangements:

Where:

With whom:

Still Available: [ ] Yes [ ] No

Family Plans:

Short-term Care:

Long-term Care w/ DC poss.

Long-term Care w/no DC poss.

Orientation to Facility

[✓] Facility	[✓] Call Sight
[✓] Activities	[✓] Bus. Office
[✓] Bathroom	[✓] Telephone
[✓] Roommate	[✓] Staff
[✓] Smoking Rules	[✓] Schedule
[✓] Visiting Rules	[✓] Storage
[✓] Meal time	[✓] Lighting
[✓] Side Rails	[✓] Overbed Table

[✓] Unable to orient (reason):

Signature: CHudson RN Title: _____ Date: 8/25/07

Judy Held

Resident Name: Physician: Room-Bed: Admit Date: Birth Date:

I

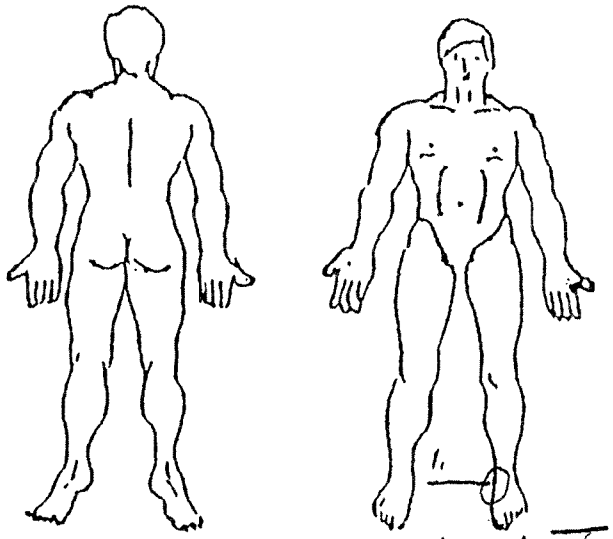
NON-PRESSURE ULCER SITE SHEET

Each site requires a separate sheet
Circle the site on the figure/ body:

Description
Size –cm x cm x cm
Drainage _ i.e., serous, purulent

Treatment order:

LOCATION: (L) ankle
Judy Neild



Admit C

DATE	*TIME*	*ONSET DATE*	*LENGTH*	*WIDTH*	*DEPTH*	*DRAINAGE/ AMOUNT*	*CULTURE Y/N*	*ODOR*	*TX CHG DATE*	*NURSE SIGNATURE*
8/27/07	0800	pt stated had it approx. 1 month ago	5.5cm	3.5cm	.25	scant yellow				JMaxfield RN
9/5/07	1100	AN	1.0	.5	surface	serous drng.	N/A	Ø	9/5/07	
pain – medication prior to dsg Δ. NO C/O pain to leg at all.										
pt states has no feeling from hip ↓ 2° to Fx. JMaxfield RN										
9/10/07	0700		1.0	.5	closed	Ø	N/A	N/A	9/10/07	JMaxfield RN
9/13/07	0830		.5	.5	closed	forming scab	N/A	N/A	9/13/07 N/A 9/17/07	JMaxfield RN
9/18/07	1130									
applying protective Covering dependent all cares. JMaxfield RN										
monitoring										

RESIDENT NAME: Judy Neild ROOM #: 38B moved to AI

II

NON-PRESSURE ULCER SITE SHEET

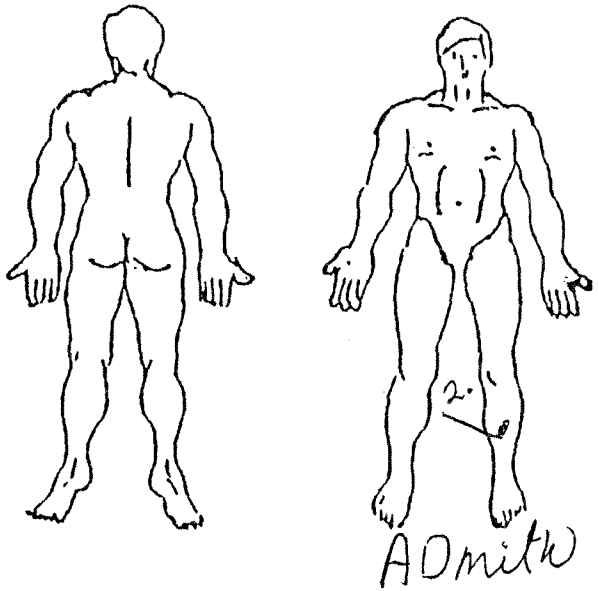
Each site requires a separate sheet
Circle the site on the figure/ body:

Description
Size –cm x cm x cm
Drainage _ i.e., serous, purulent

Treatment order:

LOCATION: L leg shin.

pt states noticed wound 2 FX



DATE	TIME	ONSET D.I.H.	LENGTH	WIDTH	DEPTH	DRAINAGE/ AMOUNT	CULTURE Y/N	ODOR	TX CHG DATE	NURSE SIGNATURE
8/27/07	0800	pt states 1 month ago AW	2cm	1.5	.25	scant yellow size of quarter	N	Ø		JMayfield RN
9/5/07	1600	AW	2cm	3	surface		N	Ø	see order	
pain – medicated prior to dsg Δ						NO C/O Pain Tolerated well				
pt states has Δ pulling from hip ↓						2" FX				JMayfield RN
9/10/07	0700	AW	2cm	3cm	Closed	NA Ø	NA	NA	9/10/07	JMayfield RN
9/13/07	0830	AW	2cm	3cm	closed	Ø	NA.	Ø	mdk 9/17/07	JMayfield RN
no pain pt wound care has pain prob & break through med for pain.										
9/13/07	1130	AW	1.5cm	1.5cm	Closed	NA Purple color	NA	NA	9/18/07 mdk a 1350	JMayfield RN

pain control Covered cpc

monitoring Closed protective Covering for Δ.

RESIDENT NAME: Judy Neild ROOM #: 38B

III

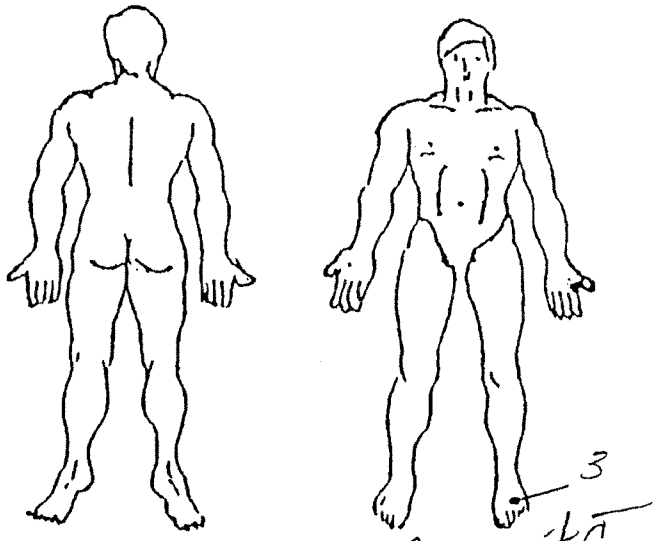
NON-PRESSURE ULCER SITE SHEET

Each site requires a separate sheet
Circle the site on the figure/ body:

Description
Size –cm x cm x cm
Drainage _ i.e., serous, purulent

Treatment order:

LOCATION: Top L foot



DATE	TIME	ONSET DATE	LENGTH	WIDTH	DEPTH	DRAINAGE/ AMOUNT	CULTURE Y/N	ODOR	TX CHG DATE	NURSE SIGNATURE
8/27/07	0800	pt states 1 month ago	1.5cm	1.5cm	.25cm	sm amt. yellow		0		J Maffield RN
9/5/07	1100	AW	1.2	1.5	.3					
pain – medication prior to dsg ∆						N/O C/O pain		Tolerated well		
pt states has no feeling from hips ↓ 2° Fx – J Maffield RN										
9/10/07	0700	A W.	1.0	1.0	.2	yellow slough	NA	NA.	filling in 9/10/07	J Maffield RN
9/13/07	0830	AW	1.0	1.0	.1	filling in	N/A	NA.	filling in 9/13/07 out 9/17/07	J Maffield RN
no pain r/t wound. has pain patch ∆ Ursula through med for pain.										
9/18/07	1130	AW	1.0	1.0	.1	filling in 1.5 inclosed	N/A	pain control N/A		

Apply protective covering monitor.

RESIDENT NAME: Judy Nield ROOM #: 38B

IV

NON-PRESSURE ULCER SITE SHEET

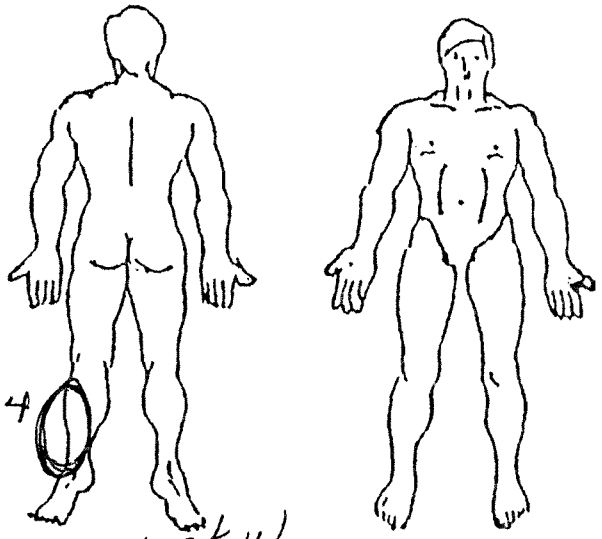
Each site requires a separate sheet
Circle the site on the figure/ body:

Description
Size –cm x cm x cm
Drainage _ i.e., serous, purulent

Treatment order:

LOCATION: (L) leg Back of calf

pt states can not feel from hips to toes of (L) leg 2° to Fx upon admit.



admit W

DATE	TIME	ONSET DATE	LENGTH	WIDTH	DEPTH	DRAINAGE/ AMOUNT	CULTURE Y/N	ODOR	TX CHG DATE	NURSE SIGNATURE
8/27/07	0800	Pt Hx of 1 mo ago	10cm	6 cm	.25" excoriation	scant yellow	N	0		JMayfield RN
9/5/07	1100	AW	8cm	6cm	excoriation	sanguinous	N	2		JMayfield RN
Pain – medication prior to dressing change. NC c/o pain.										
pt states has no feeling Hips to ↓ 2° Fx										JMayfield RN
9/10/07	0700	AW	6cm	5cm,	.2 to surface	size of orange. does not saturate to periphery	NA	NA	9/10/07	JMayfield RN
9/13/07	0830	AW			.1 to surface	serous drainage	NA. contained in	ND.	9/13/07 next 9/17/07 by 3RD	JMayfield RN
no pain c/t wound.										
9/19/07	0830	Beefy red peri & tissue pink intact.			surface	drainage to periphery			6cm x 5cm	JMayfield RN

Iron pain patch and Book ibuprofen for pain.

RESIDENT NAME: Judy Reid ROOM #: 38B

EXHIBIT 15

CONTINUED REPORT

P O R T N E U F M E D I C A L C E N T E R

651 Memorial Drive
Pocatello, Idaho 83201
(208)239-1671

Pathologists:
S.M. SKOUMAL M.D.

ATTENDING PHYS:
BAKER, MICHAEL S.

FINAL REPORTED: 11/12/2007 07:54 PAGE: 4

* NIELD,JUDY * MR 125192
* 05/26/1942(65YF) * BN 3898434 HB

TEST	RESULT	UNITS	REFERENCE RANGE
ORDERED BY: BAKER, MICHAEL S.			
COLLECTED BY: 11/09/2007 @ 10:10	ACCESSION: L0875530		
CEFTAZIDIME	-S <=1		
CEFTRIAXONE	-S <=8		
CEFUROXIME	-S <=4		
CIPROFLOXACIN	-S <=1		
GENTAMICIN	-S <=1		
IMIPENEM	-S <=4		
TRIMETHOPRIM/SULFAMETHOX	-S <=2/38		
LEVOFLOXACIN	-S <=2		
PIPERACILLIN/TAZABACTAM	-S <=16		
ERTAPENEM	-S <=2		
TETRACYCLINE	-S <=4		
CEFAZOLIN	-S <=8		
** Test performed at: WEST			
ISOLATE #1			
STAPHYLOCOCCUS AUREUS			
AMOXICILLIN/K CLAVULANATE	-R >4/2		
AMPICILLIN	-BLAC >8		
CEFAZOLIN	-R 8		
CIPROFLOXACIN	-R >2		
CLINDAMYCIN	-S <=0.25		
ERYTHROMYCIN	-R >4		
GENTAMICIN	-S <=1		
IMIPENEM	-R <=1		
LEVOFLOXACIN	-I 4		
NITROFURANTOIN	- <=32		
OXACILLIN	-R >2		
PENICILLIN	-BLAC >8		
RIFAMPIN	-S <=1		
TETRACYCLINE	-S <=4		
TRIMETHOPRIM/SULFAMETHOX	-S <=2/38		
VANCOMYCIN	-S <=2		
** Test performed at: WEST			

IWCH000207

CONTINUED REPORT

P O R T N E U F M E D I C A L C E N T E R

651 Memorial Drive
Pocatello, Idaho 83201
(208)239-1671

Pathologists:
S.M. SKOUMAL M.D.

ATTENDING PHYS:
BAKER, MICHAEL S.

FINAL REPORTED: 11/12/2007 07:54 PAGE: 3

* NIELD,JUDY * MR 125192
* 05/26/1942(65YF) * BN 3898434 HB

TEST	RESULT	UNITS	REFERENCE RANGE

ORDERED BY: BAKER, MICHAEL S.
COLLECTED ON: 11/09/2007 @ 10:10 ACCESSION: L0875530

MICROBIOLOGY/SEROLOGY

WOUND CULTURE ACC #: L0875530
Source: WOUND,LEFT LEG Set-up: 11/09/2007 1745
Status: FINAL

GENTAMICIN	<=1	S
IMIPENEM	<=4	S
LEVOFLOXACIN	<=2	S
PIPERACILLIN/TAZABACTAM	<=16	S
TETRACYCLINE	<=4	S
TRIMETHOPRIM/SULFAMETHOX	<=2/38	S

S=Susceptible I=Intermediate R=Resistant N/R=Not Reported
BLANK=Drug not advisable BLAC=Beta Lac Pos TFG=Thymidine dependant
INTERPRETATIONS BASED ON APPROX. ADULT ATTAINABLE BLOOD/URINE LEVELS.
IB APPEARS IN PLACE OF INTERP W/ORG'S W/KNOWN INDUCIBLE B-LACTAMASES.
S.aureus and Coag neg Staph species tested for Inducible Resistance
to Clindamycin, results reported as MIC interpretation

MICROBIOLOGY/SEROLOGY

ISOLATE #2
PSEUDOMONAS AERUGINOSA

AZTREONAM	-I 16
CEFTAZIDIME	-IB 4
CEFTRIAXONE	-I 32
CIPROFLOXACIN	-S <=1
GENTAMICIN	-S 2
IMIPENEM	-S <=4
LEVOFLOXACIN	-S <=2
PIPERACILLIN/TAZABACTAM	-IB <=16

** Test performed at: WEST

ISOLATE #3
KLEBSIELLA PNEUMONIAE

AMOXICILLIN/K CLAVULANATE	-S <=8/4
AMPICILLIN	-R >16
AMPICILLIN/SULBACTAM	-S <=8/4
AZTREONAM	-S <=8

REPORT CONTINUED ON NEXT FORM

IWCH000208

CONTINUED REPORT

P O R T N E U F M E D I C A L C E N T E R

651 Memorial Drive
Pocatello, Idaho 83201
(208)239-1671

Pathologists:
S.M. SKOUMAL M.D.

ATTENDING PHYS:
BAKER, MICHAEL S.

FINAL REPORTED: 11/12/2007 07:54 PAGE: 2

* NIELD,JUDY * MR 125192
* 05/26/1942(65YF) * BN 3898434 HB

TEST	RESULT	UNITS	REFERENCE RANGE

ORDERED BY: BAKER, MICHAEL S.
COLLECTED ON: 11/09/2007 @ 10:10 ACCESSION: L0875530

MICROBIOLOGY/SEROLOGY

WOUND CULTURE ACC #: L0875530
Source: WOUND,LEFT LEG Set-up: 11/09/2007 1745
Status: FINAL

CIPROFLOXACIN	>2	R	<=1	S
CLINDAMYCIN	<=0.25	S		
ERYTHROMYCIN	>4	R		
GENTAMICIN	<=1	S	2	S
IMIPENEM	<=1	R	<=4	S
LEVOFLOXACIN	4	I	<=2	S
NITROFURANTOIN	<=32			
OXACILLIN	>2	R		
PENICILLIN	>8	BLAC		
PIPERACILLIN/TAZABACTAM			<=16	IB
RIFAMPIN	<=1	S		
TETRACYCLINE	<=4	S		
TRIMETHOPRIM/SULFAMETHOX	<=2/38	S		
VANCOMYCIN	<=2	S		

ANTIMICROBICS DOSAGE GUIDELINES	KLEBSIELLA PNEUMONIAE MIC uG/ML	BLD	UR
AMOXICILLIN/K CLAVULANATE	<=8/4	S	
AMPICILLIN	>16	R	
AMPICILLIN/SULBACTAM	<=8/4	S	
AZTREONAM	<=8	S	
CEFAZOLIN	<=8	S	
CEFTAZIDIME	<=1	S	
CEFTRIAXONE	<=8	S	
CEFUROXIME	<=4	S	
CIPROFLOXACIN	<=1	S	
ERTAPENEM	<=2	S	

REPORT CONTINUED ON NEXT FORM

IWCH000209

P O R T N E U F M E D I C A L C E N T E R

651 Memorial Drive
Pocatello, Idaho 83201
(208)239-1671

Pathologists:
S.M. SKOUMAL M.D.

ATTENDING PHYS:
BAKER, MICHAEL S.

FINAL REPORTED: 11/12/2007 07:54 PAGE: 1

****
* NIELD,JUDY * MR 125192
* 05/26/1942(65YF) * BN 3898434 HB
****

ORDERED BY: BAKER, MICHAEL S.
COLLECTED ON: 11/09/2007 @ 10:10 ACCESSION: L0875530

MICROBIOLOGY/SEROLOGY

WOUND CULTURE ACC #: L0875530
Source: WOUND,LEFT LEG Set-up: 11/09/2007 1745
Status: FINAL
GRAM STAIN
1+ WBC'S
1+ GRAM POSITIVE COCCI
1+ GRAM NEGATIVE RODS
ORG
STAPHYLOCOCCUS AUREUS
PSEUDOMONAS AERUGINOSA
KLEBSIELLA PNEUMONIAE
RESULTS
MODERATE COAG-POSITIVE STAPHYLOCOCCUS
MODERATE STAPHYLOCOCCUS AUREUS
MRSA

MODERATE NON-LACTOSE FERMENTER
MODERATE PSEUDOMONAS AERUGINOSA

LIGHT LACTOSE FERMENTER
LIGHT KLEBSIELLA PNEUMONIAE

ANTIMICROBICS DOSAGE GUIDELINES	STAPHYLOCOCCUS AUREUS MIC uG/ML	BLD	UR	PSEUDOMONAS AERUGINOSA MIC uG/ML	BLD	UR
AMOXICILLIN/K CLAVULANATE	>4/2		R			
AMPICILLIN	>8		BLAC			
AZTREONAM				16		I
CEFAZOLIN	8		R			
CEFTAZIDIME				4		IB
CEFTRIAXONE				32		I

REPORT CONTINUED ON NEXT FORM

11/12/07

EXHIBIT 16

Portneuf Wound Care and Hyperbaric Clinic
1125 W. Alameda Rd. Pocatello, ID 83201
Phone: (208) 237-1151 Fax: (208) 237-9721
Michael Baker M.D, Chris Shields, M.D., Charles Garrison, M.D.,
Michael Gregson, M.D., Martha Buitrago, M.D., Jeffrey Bray, DPM,
Todd Gillespie, PA-C

Judy Nield 11/13/07

1) Levaquin 500mg po x 10d
2) Septra DS BID x 10d

Rx - MRSA

IWCH000120

EXHIBIT 17

SKILLED/ALERT CHARTING

Date: 11/25/09 Time: 0805 T: ____ P: ____ R: ____ B/P: ____ O2 Sats: ____ O2 @ ____ L/Min. Via: ☐ NC ☐ Mask ☐ No SOB ☐ Lungs Clear ☐ No Cough ☐ Edema NEB Tx: ____ Inhaler Tx: ____ ☐ Alert ☐ Oriented ☐ Speech Clear	Date: 11/25/09 Time: 1400 T: 97.9 P: 91 R: 20 B/P: 121/66 O2 Sats: 89% O2 @ 2 L/Min. Via: ☑ NC ☐ Mask ☑ No SOB ☑ Lungs Clear ☑ No Cough ☐ Edema NEB Tx: ____ Inhaler Tx: ____ ☐ Alert ☑ Oriented ☑ Speech Clear
Skin: ☐ Warm ☐ Dry ☐ Intact ☐ No Red Areas ☐ Wound Care Complete Status: ☐ Improving ☐ No Change ☐ Worse Describe: Rash LLE	Skin: ☑ Warm ☑ Dry ☐ Intact ☐ No Red Areas ☐ Wound Care Complete Status: ☑ Improving ☐ No Change ☐ Worse Describe: B LE impaired dry
Participated In: ☐ PT ☐ OT ☐ ST (Refer to Therapy Progress Notes) Activity Tolerance: ☐ Good ☐ Fair ☐ Poor Activity: ☑ Bed ☐ Chair ☐ BSC ☐ BR ☐ Dangle Ambulates: ____ Grooming: ☐ Dependent ☑ Assist ☐ Independent Dressing: ☐ Dependent ☑ Assist ☐ Independent Transfer with # 2 Assist Describe: Lift	Participated In: ☐ PT ☐ OT ☐ ST (Refer to Therapy Progress Notes) Activity Tolerance: ☑ Good ☐ Fair ☐ Poor Activity: ☐ Bed ☑ Chair ☐ BSC ☐ BR ☐ Dangle Ambulates: ____ Grooming: ☐ Dependent ☑ Assist ☐ Independent Dressing: ☐ Dependent ☑ Assist ☐ Independent Transfer with # 1 Assist Describe: Lift
PO Intake: ☐ Good (75%-100%) ☑ Fair (50%-75%) ☐ Poor (Less than 50%) ☑ Mucous Membranes Moist Swallowing Difficulty: ☐ Yes ☑ No ☐ G-tube ☐ NG-tube ☐ J-tube ☐ Colostomy ☐ Tracheostomy Approximate Site: ____ ☐ Abdomen Soft/Non-Tender/BS X 4 Quadrants ☑ Voids Without Difficulty ☐ Foley Catheter Patent ☑ Urine Clear ☐ No Burning/Discomfort ABX: ☐ PO ☐ IV ☐ NO S/Sx - Side Effects Treatment For: ☐ UTI ☐ URI ☐ LRI Other: MRSA LLE	PO Intake: ☐ Good (75%-100%) ☑ Fair (50%-75%) ☐ Poor (Less than 50%) ☑ Mucous Membranes Moist Swallowing Difficulty: ☐ Yes ☑ No ☐ G-tube ☐ NG-tube ☐ J-tube ☐ Colostomy ☐ Tracheostomy Approximate Site: ____ ☐ Abdomen Soft/Non-Tender/BS X 4 Quadrants ☑ Voids Without Difficulty ☐ Foley Catheter Patent ☑ Urine Clear ☑ No Burning/Discomfort ABX: ☐ PO ☐ IV ☐ NO S/Sx - Side Effects Treatment For: ☐ UTI ☐ URI ☐ LRI Other: MRSA LLE
PAIN LEVEL (0-10): ____ **SITE:** ____ **Rx's Given:** ____ **EFFECTIVE:** ☐ **YES** ☐ **NO**	**PAIN LEVEL (0-10):** 8 **SITE:** ____ **Rx's Given:** Norco **EFFECTIVE:** ☐ **YES** ☐ **NO**
Behavior Appropriate to Daily Events: ☑ Y ☐ N Coping Well to Environment: ☐ Y ☐ N ☐ Oriented to Facility and Staff (refer to Target Behavior Monitor)	Behavior Appropriate to Daily Events: ☐ Y ☐ N Coping Well to Environment: ☐ Y ☐ N ☐ Oriented to Facility and Staff (refer to Target Behavior Monitor)
Physician: ☐ Visit ☐ New Order Abnormal Findings and Assessments on Back: ☐ Yes ☐ No	Physician: ☐ Visit ☐ New Order Abnormal Findings and Assessments on Back: ☐ Yes ☐ No
Signature: [signature]	Signature: [signature]

Resident: Nieli Judy Room # A-1

DATE	HOUR	PROGRESS NOTES
11/15/14	0515 NSG	Resident disrupts left lower leg intact no NVI's finishes course of ABT therapy & follows DC

LAST NAME	FIRST NAME	ATTENDING PHYSICIAN	ROOM #	MED REC #

PROGRESS NOTES

EXHIBIT 18

Portneuf MEDICAL CENTER
WEST CAMPUS 651 MEMORIAL DRIVE POCATELLO, IDAHO 83201
EAST CAMPUS 777 HOSPITAL WAY POCATELLO, IDAHO 83201

CLINICAL LABORATORY

COLLEGE OF AMERICAN PATHOLOGISTS CERTIFIED
COPY TO MEDICAL RECORDS

PATHOLOGIST
S.M. SKOUMAL, M.D.

DOC NO LB00011 (11/06)
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ATTENDING PHYS:
BAKER, MICHAEL S.

** FINAL** REPORTED: 11/30/2007 09:29 PAGE: 1
NIELD,JUDY MR 125192
05/26/1942(65Y F) BN 3898434 HB

ORDERED BY: BAKER, MICHAEL S.
COLLECTED ON: 11/27/2007 @ 08:50 ACCESSION: L0881407

MICROBIOLOGY/SEROLOGY

WOUND CULTURE ACC #: L0881407
Source: WOUND,LEFT LEG Set-up: 11/27/2007 1615
Status: FINAL
GRAM STAIN
1+ WBC'S - NO ORGANISMS SEEN
RESULTS
LIGHT COAG-POSITIVE STAPHYLOCOCCUS
LIGHT STAPHYLOCOCCUS AUREUS ***MRSA***

LIGHT DIPHTHEROIDS

ANTIMICROBICS	STAPHYLOCOCCUS AUREUS MIC uG/ML	BLD UR
AMOXICILLIN/K CLAVULANATE	>4/2	R
AMPICILLIN	>8	BLAC
CEFAZOLIN	4	R
CIPROFLOXACIN	>2	R
CLINDAMYCIN	<=0.25	S
ERYTHROMYCIN	>4	R
GENTAMICIN	<=1	S
IMIPENEM	<=1	R
LEVOFLOXACIN	4	I
NITROFURANTOIN	<=32	
OXACILLIN	>2	R
PENICILLIN	>8	BLAC
RIFAMPIN	<=1	S
TETRACYCLINE	<=4	S
TRIMETHOPRIM/SULFAMETHOX	<=2/38	S
VANCOMYCIN	<=2	S

S=Susceptible I=Intermediate R=Resistant N/R=Not Reported
BLANK=Drug not advisable BLAC=Beta Lac Pos TFG=Thymidine dependant
INTERPRETATIONS BASED ON APPROX. ADULT ATTAINABLE BLOOD/URINE LEVELS.
IB APPEARS IN PLACE OF INTERP W/ORG'S W/KNOWN INDUCIBLE B-LACTAMASES.
S.aureus and Coag neg Staph species tested for Inducible Resistance to Clindamycin, results reported as MIC interpretation

H-HIGH L-LOW #-SIGNIFICANT CHANGE FROM PREVIOUS RESULT UNK-UNKNOWN NA-NOT APPLICABLE ND-NOT DONE PND-PENDING ★-FOOTNOTE

JN006399

EXHIBIT 19

Portneuf Wound Care and Hyperbaric Clinic
1125 W. Alameda Rd. Pocatello, ID 83201
Phone: (208) 237-1151 Fax: (208) 237-9721
Michael Baker M.D, Chris Shields, M.D., Charles Garrison, M.D.,
Michael Gregson, M.D., Martha Buitrago, M.D., Jeffrey Bray, DPM,
Todd Gillespie, PA-C

Judy Nield 12/3/07

1) Home Health - Creekside
Wound care -
Protopic
Triamcinolone & Apply gel
2) Wound Care 1x/wk weekly - PRN
3) Septra DS BID x 2 wks
for MRSA suppression
4) Knee High Compression Stockings
24/7 20-30 mm Hg

EXHIBIT 20

P O R T N E U F M E D I C A L C E N T E R

651 Memorial Drive
Pocatello, Idaho 83201
(208)239-1671

Pathologists:
S.M. SKOUMAL M.D.

ATTENDING PHYS:
BAKER, MICHAEL S.

FINAL REPORTED: 01/20/2008 09:14 PAGE: 1

* NIELD,JUDY * MR 125192
* 05/26/1942(65YF) * BN 3917587 HB

ORDERED BY: BAKER, MICHAEL S.
COLLECTED ON: 01/18/2008 @ 14:15 ACCESSION: L0899928

MICROBIOLOGY/SEROLOGY

WOUND CULTURE ACC #: L0899928
Source: WOUND,LEFT FOOT Set-up: 01/18/2008 1830
Status: FINAL
GRAM STAIN
NO WBC'S SEEN - NO ORGANISMS SEEN
RESULTS
SOURCE IS TOP OF LEFT FOOT
HEAVY STAPHYLOCOCCUS AUREUS
MRSA

ANTIMICROBICS DOSAGE GUIDELINES	STAPHYLOCOCCUS AUREUS MIC uG/ML	BLD UR
AMOXICILLIN/K CLAVULANATE	<=4/2	R
AMPICILLIN	>8	BLAC
CEFAZOLIN	<=2	R
CIPROFLOXACIN	>2	R
CLINDAMYCIN	<=0.25	S
ERYTHROMYCIN	>4	R
GENTAMICIN	<=1	S
IMIPENEM	<=1	R
LEVOFLOXACIN	4	I
NITROFURANTOIN	<=32	
OXACILLIN	>2	R
PENICILLIN	>8	BLAC
RIFAMPIN	<=1	S
TETRACYCLINE	<=4	S
TRIMETHOPRIM/SULFAMETHOX	<=2/38	S
VANCOMYCIN	<=2	S

REPORT CONTINUED ON NEXT FORM

RECEIVED 1-21-08

IWCH000218

EXHIBIT 21

WOUND CARE & HYPERBARIC CENTER-Home Visit

Patient's Name: Judy Nield *DOB:* [redacted] *Referring Physician: Dr. Raymond Bedell*
Date of Service: 2-12-08 *Primary Care Physician: Dr. Raymond Bedell*

PROBLEM:

1. Leukocytoclastic vasculitis
2. Neuropathic pressure ulcer
3. MRSA

SUBJECTIVE:

Judy's left lower extremity is reassessed today from the knee distally. She has two new significant wounds now on the dorsum of the foot and calcaneal region. The wound on the dorsum of the foot is a Wagner III with extension to tendon and joint capsule. There is now 20% granulation about the edges. Eschar covers the majority of the wound. This is a 3 by 5cm wound. Today this was debrided sharply and Santyl chemical debrider was applied. The other wound of significance is her left calcaneous which is a neuropathic pressure ulcer covered with eschar that is quite thick. A good portion of this eschar was removed today. The periwound area is healthy appearing. This is a 3 by 2.5cm lesion with .25cm depth after debridement. The initial ulceration of the calf is closing nicely, all be it slowly. It is now 2 by 3cm and 100% granulated. It is 40% epithelialized with no periwound inflammation. She has two other small wounds, one on the lateral aspect of the foot and the other on the lateral aspect of the ankle above the malleolus. Both are about 1cm in diameter and .25cm in depth and appear to be related to leukocytoclastic vasculitic problem. She has been off MRSA suppression for one week. She was briefly treated with Septra DS, but had some GI discomfort. Consequently today, after the wounds were redressed with Santyl, she is to initiate Doxycycline 100mg b.i.d for MRSA suppression given a prescription number 30. The wound will be rechecked in 1 week. We will continue application of Tacrolimus and steroids to the calf wounds, both proximal and distal, and to the small wound on the lateral aspect of the foot. We will continue application of Santyl to the wound on the dorsum of the foot and the calcaneal region. I anticipate about 2-4 weeks before the wounds of the foot are ready for a graft jacket and a month after that for healing. We will plan MRSA suppression for that 2 month cycle barring any antibiotic complications. There is no evidence of significant infection at this time, though she has been MRSA positive on numerous cultures. We will recheck in 1 week. This is a home visit.

Michael S. Baker M.D/zrc
DT: 2-19-08

Cc: ISU Family Medicine

EXHIBIT 22

Printed 2/20/2008

Creekside Home Health
1240 Yellowstone Ave Suite A3, Pocatello, ID 83201
Certification Period: 2/1/2008 - 3/31/2008
Not Valid Past 3/31/2008

DATE: 2/05/08
TIME IN: 845
TIME OUT: 930
TOTAL: 45

Name: NIELD, JUDY
ID: NIKI

ne: (208)237-4079	Address: 260 ADAMS, CHUBBUCK, ID 83202	Visit Pref:
SS#: 518520717	DOB: [redacted] Allergies: NKDA	Code Status: DNR
MC/Pol #: 518520717A	Billable: Y N MD: Zimmerman Phone: (208)282-4700	Sched Recert Supvry PRN:

Temp: O A R T	Pulse: R A	Resp:	B/P L R Sitting: Standing: Supine:	Glucometer Type:	Whose Glucometer: RN PT
Weight:	O2 Sat:			Blood Sugar: 169 F AC PP HS	GL Calib Test: GL Range:

Homebound: Y N

- ☐ Restricted activity
- ☐ Ambulatory (_____ feet)
- ☐ Requires assist with ambulation
- ☐ SOB with exertion
- ☑ Confined to bed
- ☐ Confined to chair
- ☐ Transfer assist
- ☐ Amputation
- ☐ Paralysis Partial Complete
- ☐ Impaired judgement
- ☐ LOC _____
- ☐ Other: _____

Notes: Peggie is Dr Zimmermans nurse

Communication: ☐ HCA ☐ MD ☐ PT/ST/OT ☐ Lab ☐ MSW ☐ Other: _____
Comments:

Supervisory Questionaire:			
	The aide is following orders on the HCA Careplan.	Yes	No
	The aide demonstrates a complete understanding of procedures being performed for the patient.	Yes	No
	The aide is thorough and takes the time necessary to meet the patient's needs.	Yes	No
	The patient is satisfied with the services the aide is providing.	Yes	No

DX: ALTERATION: blood glucose

GOAL: blood glucose to remain between 80-120 thru cert period

M assess blood glucose QV
Comments: BS 169

2. M assess S/S hypo/hyperglycemia
Comments: alert, denies H/A, T thirst, other SIS

3. M administer insulin per MD order: QID (02/18/2008) Novolog pen sliding scale as follows: 120-160 = 2u 161-200=4u 201-250=6u 251-300=8u 301-400=10u 401-500=12u greater than 500 call MD

SITE: RLQ	ROUTE: SQ	LAST ATE/GOING TO EAT: 930
TOLERATED? Well	AMOUNT: 4u	S/S ... REVIEW:

Comments: _____

4. ___ administer insulin per MD order: Lantus 27u QHS

SITE:	ROUTE:	LAST ATE/GOING TO EAT:
TOLERATED?	AMOUNT:	S/S ... REVIEW:

Comments: _____

5. ___ weekly assessment of CV/CP, skin, pain
Comments: Q Thur

DX: impaired skin integrity

GOAL: wounds to heal with minimal complications thru cert period

6. M BID: (starting 02/20/08) remove old dressing, cleanse with wound wash, dry with 4x4 gauze, Protopic & traimcinalone cream to all wounds but heel, cover with gauze, Kerlix, heel protector

SIZE (L/W/D): Other	DRAINAGE: scant-SS to large dorsal, odor
APPEARANCE: edges: P, E, M, purple edges to inner ankle, dorsal area & crater.	

Comments: surround: edge scarred

7. MM QAM: cleanse with wound wash, collaginase to L heel escar and escar to dorsal area of L foot QD, gauze, kerlex, heel protector

SIZE (L/W/D):	DRAINAGE: scant, SS, Odor
APPEARANCE: edges red, flaky, even bed: eschar	

Comments: as ordered

8. MM QAM: monitor wounds for s/s infection

SIZE (L/W/D):	DRAINAGE:
APPEARANCE:	

Comments: D/Sm odor, drainage, temp.

9. _____ Measure wounds Q week

SIZE (L/W/D):	DRAINAGE:
APPEARANCE: Q Thurs	

Comments:

10. MM betadine swab to scab on inner L knee 4Xweek (M,W,F, Sa)

Comments: as ordered, scab CDI

DX: potential for DVT secondary to history of DVT

GOAL: remain free from DVT thru cert period

11. MM administer Lovenox 40mg SQ QAM

Comments: PLQ SQ

12. MM assess Homans sign QAM

Comments: Neg

13. _____ educate pt/caregiver on S/S to report

Comments:

DX: risk for skin breakdown dt bedbound status and urinary incontinence

GOAL: pt to remain free from skin breakdown thru cert period

14. _____ PRN provide incontinence cares and assess skin

Comments:

Supplies:

gloves, bath care supplies, syringes, alcohol swabs, sharps container, wound wash, 4x4 gauze, gauze ABD, allevyn heel non-adherents, kerlix, bandage scissors

Additional Notes: PT wrapping stones & other stuff into wound to aid in healing. pt informed that cannot get skin graft while on home health - refuses to let caregiver take over cares - "I will heal it myself - I will get my healers & stones & will do it ourselves" HgbA1C back - 5.9 WNL

SN Signature: [signature]

EXHIBIT 23

CONTINUED REPORT

P O R T N E U F M E D I C A L C E N T E R

651 Memorial Drive
Pocatello, Idaho 83201
(208)239-1671

Pathologists:
S.M. SKOUMAL M.D.

ATTENDING PHYS:
BAKER, MICHAEL S.

FINAL REPORTED: 03/17/2008 10:52 PAGE: 3

* NIELD,JUDY * MR 125192
* 05/26/1942(65YF) * BN 3948174 HB

TEST	RESULT	UNITS	REFERENCE RANGE
ORDERED BY: BAKER, MICHAEL S.			
COLLECTED BY: 03/13/2008 @ 10:00	ACCESSION: L0920340		
ISOLATE #2			
ENTEROCOCCUS FAECALIS			
AMOXICILLIN/K CLAVULANATE	- <=4/2		
AMPICILLIN	-S 0.5		
CIPROFLOXACIN	-R >2		
ERYTHROMYCIN	-R >4		
IMIPENEM	- <=1		
LEVOFLOXACIN	-R >4		
NITROFURANTOIN	- <=32		
PENICILLIN	-S 2		
RIFAMPIN	-S <=1		
TETRACYCLINE	-S <=4		
VANCOMYCIN	-S <=2		
GENTAMICIN SYNERGY SCREEN	-R >500		
PIPERACILLIN/TAZABACTAM	- 2		
** Test performed at: WEST			

IWCH000223

CONTINUED REPORT

P O R T N E U F M E D I C A L C E N T E R

651 Memorial Drive
Pocatello, Idaho 83201
(208)239-1671

Pathologists:
S.M. SKOUMAL M.D.

ATTENDING PHYS:
BAKER, MICHAEL S.

FINAL REPORTED: 03/17/2008 10:52 PAGE: 2

* NIELD,JUDY * MR 125192
* 05/26/1942(65YF) * BN 3948174 HB

TEST	RESULT	UNITS	REFERENCE RANGE

ORDERED BY: BAKER, MICHAEL S.
COLLECTED ON: 03/13/2008 @ 10:00 ACCESSION: L0920340

MICROBIOLOGY/SEROLOGY

WOUND CULTURE ACC #: L0920340
Source: WOUND,LEFT LEG Set-up: 03/13/2008 1745
Status: FINAL

RIFAMPIN	<=1	S	<=1	S
TETRACYCLINE	<=4	S	<=4	S
TRIMETHOPRIM/SULFAMETHOX	<=2/38	S		
VANCOMYCIN	<=2	S	<=2	S

S=Susceptible I=Intermediate R=Resistant N/R=Not Reported
BLANK=Drug not advisable BLAC=Beta Lac Pos TFG=Thymidine dependant
INTERPRETATIONS BASED ON APPROX. ADULT ATTAINABLE BLOOD/URINE LEVELS.
IB APPEARS IN PLACE OF INTERP W/ORG'S W/KNOWN INDUCIBLE B-LACTAMASES.
S.aureus and Coag neg Staph species tested for Inducible Resistance
to Clindamycin, results reported as MIC interpretation

MICROBIOLOGY/SEROLOGY

ISOLATE #1
STAPHYLOCOCCUS AUREUS

AMOXICILLIN/K CLAVULANATE	-R <=4/2
AMPICILLIN	-BLAC >8
CEFAZOLIN	-R 4
CIPROFLOXACIN	-R >2
CLINDAMYCIN	-S <=0.25
ERYTHROMYCIN	-R >4
GENTAMICIN	-S <=1
IMIPENEM	-R <=1
LEVOFLOXACIN	-I 4
NITROFURANTOIN	- <=32
OXACILLIN	-R >2
PENICILLIN	-BLAC >8
RIFAMPIN	-S <=1
TETRACYCLINE	-S <=4
TRIMETHOPRIM/SULFAMETHOX	-S <=2/38
VANCOMYCIN	-S <=2

** Test performed at: WEST

REPORT CONTINUED ON NEXT FORM

IWCH000224

P O R T N E U F M E D I C A L C E N T E R

651 Memorial Drive
Pocatello, Idaho 83201
(208)239-1671

Pathologists:
S.M. SKOUMAL M.D.

ATTENDING PHYS:
BAKER, MICHAEL S.

FINAL REPORTED: 03/17/2008 10:52 PAGE: 1

* NIELD,JUDY * MR 125192
* 05/26/1942(65YF) * BN 3948174 HB

ORDERED BY: BAKER, MICHAEL S.
COLLECTED ON: 03/13/2008 @ 10:00 ACCESSION: L0920340

MICROBIOLOGY/SEROLOGY

WOUND CULTURE ACC #: L0920340
Source: WOUND,LEFT LEG Set-up: 03/13/2008 1745
Status: FINAL
GRAM STAIN
NO WBC'S SEEN - NO ORGANISMS SEEN
RESULTS
MODERATE GRAM POSITIVE COCCI
MODERATE COAG-POSITIVE STAPHYLOCOCCUS
MODERATE STAPHYLOCOCCUS AUREUS
MRSA

MODERATE GROUP D ENTEROCOCCUS
MODERATE ENTEROCOCCUS FAECALIS

ANTIMICROBICS DOSAGE GUIDELINES	STAPHYLOCOCCUS AUREUS MIC uG/ML	BLD	UR	ENTEROCOCCUS FAECALIS MIC uG/ML	BLD	UR
AMOXICILLIN/K CLAVULANATE	<=4/2	R		<=4/2		
AMPICILLIN	>8	BLAC		0.5	S	
CEFAZOLIN	4	R				
CIPROFLOXACIN	>2	R		>2	R	
CLINDAMYCIN	<=0.25	S				
ERYTHROMYCIN	>4	R		>4	R	
GENTAMICIN	<=1	S				
GENTAMICIN SYNERGY SCREEN				>500	R	
IMIPENEM	<=1	R		<=1		
LEVOFLOXACIN	4	I		>4	R	
NITROFURANTOIN	<=32			<=32		
OXACILLIN	>2	R				
PENICILLIN	>8	BLAC		2	S	
PIPERACILLIN/TAZABACTAM				2		

REPORT CONTINUED ON NEXT FORM

RECEIVED 3/17/08

IWCH000225

EXHIBIT 24

PORTNEUF MEDICAL CENTER
651 Memorial Drive
Pocatello, Idaho 83201
(208) 239-1000

HISTORY AND PHYSICAL

PT NAME: NIELD, JUDY
ROOM: 55-0508-1
MR: 125192
ADMIT: 03/20/2008
ACCT: 3950859
DISCH:
PT TYPE: I
ATTN PHYS: JACK W. ROUTSON, M.D.
DD: 03/20/2008
PT DOB: [redacted] PT AGE: 65Y
TD: 1721
DT: 03/20/2008

TIME: 3:00 PM

ATTENDING PHYSICIAN: Dr. Routson
RESIDENT PHYSICIAN: Dr. Rodriguez

CHIEF COMPLAINT
MRSA infection.

HISTORY OF PRESENT ILLNESS
This is a 55-year-old Caucasian female patient who was sent to the hospital by Dr. Baker who has been treating her since November 2007, because of MRSA infection on her left foot with an osteomyelitis. The patient had treatment with IV antibiotics for 6 weeks and after that she was on Bactrim and then the patient had improved but is not resolving. At this time she denies any pain or any other symptoms.

PAST MEDICAL HISTORY
1. Hypothyroidism.
2. Increased blood sugars.
3. GERD.
4. Bilateral hip fracture.
5. History of DVT three years ago.

PAST SURGICAL HISTORY
1. Hip replacement times two.
2. Carpal tunnel times two.

MEDICATIONS
1. Metformin 1000 mg 1 p.o. twice daily.
2. Hydrocodone with acetaminophen 5/325, 1 tablet p.o. every 4-6 hours p.r.n. pain.
3. Diclofenac potassium 50 mg p.o. twice daily.
4. Levothyroxine 0.05 mg 1 p.o. daily.
5. Omeprazole 20 mg 1 p.o. daily.
6. Promethazine 25 mg 1 p.o. every 6 hours p.r.n. nausea.
7. (Fentanyl) patch 25 micrograms every 72 hours.
8. Lovenox 40 mg subcu daily.
9. Lantus insulin 27 units subcu every evening.
10. Regular insulin sliding scale.

REVIEW OF SYSTEMS
Positive now for the sores on her left foot.

JN006724

Cardiovascular: No chest pain, no palpitations, no shortness of breath.
Respiratory: No cough, no shortness of breath, no sputum.
Gastrointestinal: She complains of diarrhea off and on for the last 6-7 days.
Skin: The ulcers that I already mentioned.

SOCIAL HISTORY
The patient lives by herself here in town. She does not smoke. No alcohol, no drug use.

FAMILY HISTORY
No family history of heart disease or diabetes in the family.

CODE STATUS
DNR, DNI.

ALLERGIES
TETRACYCLINE.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 142/69, pulse 76, respiration 16, temperature 99.0, oxygen saturation is 92% on room air.
HEENT: Normocephalic and atraumatic. Extraocular movements are intact.
NECK: Neck is supple with no masses. Thyroid nonpalpable.
CARDIOVASCULAR: Regular rate and rhythm with no murmurs.
LUNGS: Clear to auscultation bilaterally.
ABDOMEN: Obese. Mildly distended with positive bowel sounds. Nontender.
EXTREMITIES: On her left foot there are 3 open wounds. Two of them are connected to wound vac and the other one on the lateral aspect of the leg is approximately 7 X 5 cm. There is a yellowish discoloration in the middle of the wound. On her right leg there is skin changes secondary to venous stasis. Pulses are normal in both extremities.
NEUROLOGIC: Cranial nerves I-XII are intact with normal muscle strength.

LABORATORY DATA
There is no labs available at the time of admission. Other status included foot MRI that showed osteomyelitis of the right foot. X-rays of the foot also showed arthropathy changes. No sign of any acute bone destruction.

ASSESSMENT & PLAN
1. This is a 65-year-old female with MRSA infection and osteomyelitis of her left foot. We are going to admit the patient to the medical floor. We will place a PIC line and start daptomycin IV. Likely the patient will go to a long term acute care facility in the near

HISTORY AND PHYSICAL

NAME: NIELD, JUDY
ADMIT: 03/20/2008
DISCH:

MR: 125192
DD: 03/20/2008
DT: 03/20/2008

future. We will obtain also a CBC, CMP, CRP, and a sed rate for today. We will continue her pain medications.

2. Diabetes type II. Will continue her home medications including the metformin. I do not think we are going to need to do any other scans where the patient will need contrast. Also Lantus insulin sliding scale.
3. Hypothyroidism. Will continue home medication.
4. Diarrhea. Will place the patient on Questran and will also get a CD because she has been taking antibiotics for a long time.
5. DVT prophylaxis. The patient is on Lovenox and will continue that.
6. Gastrointestinal prophylaxis. The patient is on Nexium and will continue that.

FP-RES YOLANDA RODRIGUEZ, M.D.

\: pb /: 779 ID: 001442578
JOB: 310398 TIME: 1741

EXHIBIT 25

CODE STATUS:
This patient is a DNR.

HISTORY OF PRESENT ILLNESS
A 65-year-old female transfers from Pocatello, Idaho for higher level surgical management of chronic left lower extremity wounds. This patient presents with a rather complicated past medical history related to these wounds as this patient had problems began initially two years prior with a ground level fall which resulted in an unrecognizable pelvic fracture and subsequent left lower extremity paresthesia and DVT. The wounds to the left side were reported from the elastic force TED hose. The pitted wound approximately 4 x 4 x 3 cm was a result of the "tight' bandage and the patient was not aware of the extent of the heel breakdown. Her complication of paresthesia and neuropathy host left pelvic fracture form the initial fall. Recent cultures from the wound that is significant for multimicrobial organisms of moderate Gram positive cocci, moderate coagulation, positive Staphylococcus, moderate MRSA, moderate group-D Streptococcus and Enterococcus, moderate Enterococcus faecalis. A recent MRI does demonstrate osteomyelitis of the talus.

PAST MEDICAL HISTORY
1. Hypothyroid.
2. Hyperglycemia.
3. Gastroesophageal reflux disease.
4. Bilateral hip fractures.
5. Rheumatoid arthritis.
6. Left lower extremity deep vein thrombosis.
7. Left lower extremity paresthesia.
8. Neuropathy, digits of right lower extremity.

PAST SURGICAL HISTORY:
1. Hip replacement x2 approximately 14 years ago, six weeks apart.
2. Carpal tunnel, bilateral x 2.

ALLERGIES
TETRACYCLINE.

MEDICATIONS
On this admission include:
1. Diclofenac 50 mg b.i.d.
2. Metformin 500 mg b.i.d.
3. Levothyroxine 500 mcg daily.
4. Protonix 40 mg daily.
5. Phenergan 25 mg p.r.n. nausea q.6h.

HISTORY & PHYSICAL	Patient:	NIELD, JUDY
	Sex:	F
	Date of Birth/Age:	[redacted]
	Medical Record#:	
	Referring Physician:	Robert Taylor, M.D
	Dictating Physician:	Wendy Rusin, N.P
	Date of Admission:	03/24/2008

5. Fentanyl 25 mg patch q.72h.
6. Lovenox 40 mg subcutaneous daily.
7. Lantus insulin 27 units subcutaneous q.h.s.
8. Lortab 5/325 one q.4-5h. p.r.n.
9. Daptomycin 600 mg IV daily until 05/02/2008.
10. Triamcinolone 0.1% topical b.i.d.
11. Regular insulin sliding scale.

SOCIAL HISTORY
Single. Lives alone. She reports hospitalization since last year. She denies alcohol or tobacco or illicit drug use.

PHYSICAL EXAMINATION
Vital Signs: Heart rate 72, blood pressure 142/80, respiratory rate 16, temperature 97.0, oxygen saturation 90% on room air.
HEENT: PERRLA, within normal limits.
Pulmonary: Lungs clear to auscultation bilaterally. Respirations even and unlabored.
Heart: S1 and S2. Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen: Obese, mildly distended, soft, nontender.
Extremities: Left inner thigh 3 cm x 3 cm eschar covered wound. Left heel ulceration with eschar. Left lateral aspect of the lower extremity healing wound in the half of the left foot. There is an approximately 4 cm x 4 cm with 3 cm depth wound with slough superiorly mild drainage. Right lower extremity venous stasis discoloration. Pulses are +2 throughout. Paresthesia with limited mobility of lower extremity.

LABORATORY DATA
Pending.

DIAGNOSTIC STUDIES
Chest x-ray, pending. 12-lead EKG, pending.

ASSESSMENT
A 65-year-old female with chronic diabetes with ulcerations not responding to medical management, now stage 4 with methicillin-resistant Staphylococcus aureus osteomyelitis of the talus and cortical destruction with extensive tenosynovitis/tendon exposure is a Wagner III lesion. Past medical history is significant for hypothyroid, insulin-dependent diabetes type 2, Gastroesophageal reflux disease, and history of deep vein thrombosis in 2007.

PLAN
1. Anemia of chronic disease. We will monitor hematocrit.
2. Antibiotic is mixed with daptomycin. We plan to hold the antibiotics prior to surgical débridement to

HISTORY & PHYSICAL	Patient:	NIELD, JUDY
	Sex:	[redacted]
	Date of Birth/Age:	
	Medical Record#:	
	Referring Physician:	Robert Taylor, M.D
	Dictating Physician:	Wendy Rusin, N.P
	Date of Admission:	03/24/2008

obtain cultures while off antibiotics x72 hours. We will discuss with wound management team. We will plan on initiating broad-spectrum antibiotics post débridement.
3. Cellulitis. We will evaluate vascularization of lower extremities. We will consider AVI and possible consultation to vascular surgeon, Dr. Paul Gilmore.
4. Diabetes. We will monitor glucose. Continue oral hyperglycemic and monitor sliding scale use of insulin on a.c. and h.s. basis.
5. Electrolytes. We will evaluate and optimize electrolytes throughout his hospital course.
6. Nutrition. 2000 calorie ADA diet with prealbumin monitoring. If patient presents with decreased prealbumin indicating severe protein malnutrition, we will initiate oral measures to optimize protein stores.
7. Pain. We will continue with topical fentanyl patch and consider increasing dose based on oral breakthrough of use.
8. PT/OT. Evaluate plan of care. The patient has been wheelchair bound for several years and is overall generally deconditioned. We will require strengthening and encourage need for activity while adhering to left lower extremity paresthesias and need for off loading.
9. Wound specialty to evaluate and treat this wound on a daily basis.
10. Consultations. We will consult Plastic Surgery and Infectious Disease on this admission and we will consider cardiovascular consult. The patient wishes to have orthopedic surgeon consulted to fixed bilateral hip fractures. The patient requests Dr. Kim Bertin, Orthopedic Surgeon. We expressed prioritization with this patient to provide wound healing prior to elective surgical course.
11. Followup. We will evaluate the Clostridium difficile if the patient demonstrates diarrhea. We will check hypothyroid, T3, T4, TSH.
12. Code status. This patient is a DNR.
12. Prophylactic. BTE prophylactics with Lovenox and GI prophylactics with Protonix.

Dictated by: Wendy M. Rusin, N.P.

Robert Taylor, M.D

DR: WRMC #: 100150477
D: 03/24/2008 12:01 T: 02/25/2008 15:37
cc:

by rheumatoid lesion to by tx. Osteomb not resolved. close surgical proximity - do we use pneumatic stents to [illegible] my lesion

HISTORY & PHYSICAL	Patient:	NIELD, JUDY
	Sex:	F
	Date of Birth/Age:	05/25/1942/65Y
	Medical Record#:	
	Referring Physician:	Robert Taylor, M.D
	Dictating Physician:	Wendy Rusin, N.P
	Date of Admission:	03/24/2008

EXHIBIT 26

DATE OF SURGERY: 04/02/2008

SURGEON: David J. Howe, M.D.

ASSISTANT: None.

PREOPERATIVE DIAGNOSIS
Osteomyelitis of the left foot and ankle with ulcers on her lower leg.

POSTOPERATIVE DIAGNOSIS
Osteomyelitis of the left foot and ankle with ulcers on her lower leg.

NAME OF OPERATION
Below the knee amputation of the left leg.

ANESTHESIA
General.

FINDINGS
The patient had fairly poor looking tissues, especially posteriorly, and the subcutaneous tissues and musculature vessels were calcified. There was reasonable bleeding when the tourniquet was released.

INDICATIONS
This is a 65-year-old female, with chronic ulcers, osteomyelitis of the left ankle area, who has been on the long-term acute are facility unit. After their evaluation and my consultation, I have talked with the patient regarding her problem, treatment options, surgery, and risks. She seems to understand and is willing to proceed with below the knee amputation of the left leg.

COMPLICATIONS
None.

PROCEDURE
The patient was brought in to the operating room and was already on intravenous antibiotics on the floor. She did not therefore receive any Ancef. She underwent a sterile prepping and draping of the left foot and ankle area after the distal ulcerative area was sealed off with Ioban. The patient also had a scab/healing ulcer on the medial distal femur, which was prepped and then sealed off with the draping. A fish mouth type drawing was made on the mid leg, above the distal ulcerative areas, and the tourniquet was inflated to 250 mmHg. The incision followed these markings, and dissection was taken down to the tibia anteriorly, which was stripped of periosteum proximally, and a transverse saw cut made. A bevel was made anteriorly. The fibula was identified and incised 1 1/2 cm proximal. A scalpel completed the amputation, removing the leg, leaving fish mouth flaps posteriorly and anteriorly. At this point, several of the vessels that were identified were clamped, the tourniquet was released, being up 15 minutes. urther vessels were identified and clamped. The posterior essels were tied doubly with suture ligature 2-0 Vicryl and a

free 2-0 Vicryl. Other vessels were tied with interrupted 2-0 Vicryl. The sciatic nerve was identified while distally incised, and allowed to retract proximally. Cauterization was sed to control hemostasis elsewhere. The wound was thoroughly irrigated, checked again for bleeding, several small areas cauterized, and then the tissues closed. A drain was placed deep, exiting proximally laterally, Hemovac. Interrupted 0-Vicryl closed the fascia from anterior to posterior, interrupted 2-0 Vicryl closed the subcutaneous tissues, and staples were used in the skin. Dressings of Adaptic, 4 x 4, fluffs, ABD, Kerlix, cast padding, and a posterior splint were applied with Ace wrap. The tourniquet was up for a total of 15 minutes. Estimated blood loss was 50-100 mL. The patient tolerated the procedure well, and was returned to the recovery room in satisfactory condition. She will be discharged back to the long-term acute care facility unit for care.

David J. Howe, M.D.

DJH/7574 D: 04/02/2008 11:26:08 T: 04/02/2008 12:25:52 Job ID #: 1482241
SALT LAKE REGIONAL MEDICAL CENTER 1050 East South Temple
(801) 350-4111 Salt Lake City, Utah 84102
OPERATIVE PROCEDURE REPORT
Patient: NIELD, JUDY
Medical Record #: 800109
Date of Birth/Age/Sex: [redacted]
Surgeon: David J. H[redacted]
Room Number:
te of Surgery: 04/02/2008
Document ID #: 1846073
FOR FINAL LEGAL DOCUMENT, PLEASE SEE ELECTRONIC MEDICAL RECORD
<END HEADER>

Authenticated by David J Howe, MD On 04/04/2008 09:41:14 AM

PRINTED BY: carolb
DATE 4/7/2008

EXHIBIT 27

INTERMOUNTAIN MEDICAL Consultation Report T702
MedRec # 28494 EMMI# 542848373
Page 1 PT ENCT# 21707849

Date of Service: 05/12/2008
REFERRING PHYSICIAN: Nathan Momberger, MD

REASON FOR CONSULTATION: Prosthetic hip infection.

HISTORY OF PRESENT ILLNESS: Mrs. Nield is a 68-year-old white female with underlying osteoarthritis. She underwent left total hip arthroplasty and right total hip arthroplasty approximately 15 years ago. She sustained a pelvic fracture approximately 2 years ago and has had problems with chronic dislocation of the left hip and chronic pain in the right hip. She also had a severe infection of the left foot and left lower leg eventually necessitating amputation 1 month ago while at Promise Specialty Hospital. She underwent aspiration of the right hip on May 2, 2008 in preparation for revision of the right total hip. This culture suprisingly grew out rare Pseudomonas aeruginosa species, which is sensitive only to imipenem, meropenem, ceftazidime and aztreonam. The patient has been on IV imipenem for 4 days now. She was admitted to IMC Hospital yesterday and underwent explantation of the right hip by Dr. Nathan Momberger. Operative cultures were all negative at the time of this dictation. She has not had fevers, chills, or other systemic type complaints.

PAST MEDICAL HISTORY: Significant for the orthopedic problems as mentioned. She also has a history of a left leg DVT approximately 1-1/2 years ago, treated with 6 months of anticoagulation. She was recently diagnosed with diabetes and has been on insulin during her past hospitalization at Promise Specialty Hospital.

ALLERGIES: Tetracycline.

CURRENT MEDICATIONS: Fentanyl, Zemuron, Versed, Normodyne, lidocaine, Zofran, Dilaudid, vancomycin 1 g IV x1, Prilosec, Primaxin 500 mg IV q.6 hours, Glucophage, Pepcid, Colace, Lovenox, Coumadin, Dilaudid, hydrocodone, Reglan, Soma, Ambien, Nubain, Phenergan.

SOCIAL HISTORY: The patient lives with her son in Pocatello, Idaho. She is a former smoker, but has not smoked for many years. She does not drink alcohol. No history of recreational drug use.

FAMILY HISTORY: Unknown, she is adopted.

REVIEW OF SYSTEMS: Chronic bilateral hip pain, chronic pelvic pain, chronic low back pain. She is basically wheelchair bound now because of her multiple orthopedic problems. She does have a prosthesis for the left leg, but has not been using this because of problems with the left hip and right hip.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure was 125/58, pulse rate was 87, respiratory rate was 16, temperature 37.3, T-max 37.6.
GENERAL: Middle aged, white female in no acute distress.

HEENT: No intraoral lesions.
NECK: Supple without adenopathy.
LUNGS: Clear anteriorly.
CARDIOVASCULAR: Regular rate and rhythm. No gallops, murmurs, or rubs.
ABDOMEN: Soft, protuberant, nontender.
EXTREMITIES: Left leg, status post BKA stump site was not examined. The patient reports there are no ulcers or evidence of infection. Right leg is wrapped from the knee up to the hip; surgical site was not examined. She does have 1+ DP and PT pulses on the right foot. No calf tenderness. PICC site in the left upper arm without evidence of infection.

ASSESSMENT AND PLAN: Chronic prosthetic hip infection with pseudomonas. I have recommended continuing IV Primaxin at the current dose. I anticipate a 6 to 8 week course of intravenous antibiotics prior to reimplantation. I have discussed her case with Dr. Nathan Momberger. I will plan on seeing this patient again while hospitalized.

MARQUAM R OLIVER MD

MRO/ss VID: 604750 TID: 717882 D: 05/13/2008 15:49:22 T: 05/13/2008 21:51:04

EXHIBIT 28

Date of Service: 05/12/2008
PREOPERATIVE DIAGNOSIS: Failed right total hip arthroplasty.

POSTOPERATIVE DIAGNOSIS: Failed right total hip arthroplasty.

PROCEDURE: Right total hip explant with I and D and placement of antibiotic spacer, right hip.

COMPONENTS USED: ExacTech size 50 mm outer diameter femoral head.

HISTORY OF PRESENT ILLNESS: This is a 65-year-old with disabling bilateral hip pain. The patient has been treated in Idaho and has clearly gone on to have severe multiple complications on both hips. The patient is status post revision on the right side and recent aspiration ordered by Dr. Kim Bertin showing pseudomonas growing out of the right hip. As a result, the patient presents for elective surgical intervention for failed total hip arthroplasty secondary to infection. The patient has known acetabular loosening on that side. We presumed that this is due to infection and/or chronic fibrous lack of ingrowth and subsequent infection.

DESCRIPTION OF PROCEDURE: The patient was brought to the operative suite and placed in a left lateral position with the right hip up. Right hip incision was marked and after sterile prep and drape, general anesthetic was administered per Dr. Harold Rust without complications. The hip was approached through a posterolateral approach. The patient had a prior anterior approach and was noted to have some gluteus medius minimus chronic detachment from the anterior aspect of her hip. Upon entering the hip capsule; however, there was no obvious gross purulent material coming from the hip itself. On further inspection, we went ahead and cultured right down to the prosthesis. There was not an undue amount of synovial fluid. The synovial fluid which was encountered was cloudy, however.

Given the results of the preoperative aspiration and the results of the cloudy synovial fluid, we proceeded with explant of a well fixed femoral stem and a grossly loose acetabular component.

Our attention turned to the femur first. The hip was dislocated atraumatically and the femoral head was removed from the stem. The stem was checked and impacted to make sure there was no gross loosening. Unfortunately, the stem was found to be extremely well fixed. To prevent further abductor mechanism compromise, the decision was made to perform a trochanteric osteotomy to provide more controlled removal of the prosthesis. A lateral 1/3 distal trochanter osteotomy approximately 11-12 mm <_____?_____> to the tip of the greater trochanter was planned using Bovie cautery to mark the osteotomy down the posterior aspect of the femur and around the lateral side. The distal osteotomy was curved to prevent propagation of a fracture distal. Care was taken to leave as much diaphysis as possible for reconstruction.

Using an oscillating saw and a high speed rotating router bit, trochanteric osteotomy was performed and then wide rigid osteotomes were placed in sequential

fashion to gently lift the lateral trochanter away from the well fixed shoulder of the prosthesis. Even with the trochanter osteotomy, which gave us excellent exposure to the prosthesis, the prosthesis was extremely well fixed and a high speed bur rotating bur and flexible osteotomes were utilized to breakaway the on-growth of the femur on to the stem. Ultimately, we had to use our metal cutting to place a shoulder and notch in the shoulder of the prosthesis. This allowed us to back tap with a bone tamp of the prosthesis out of the proximal femur without additional trauma. On closer inspection, however, there was a small crack in the calcar on the medial side of the femur. This was structurally inconsequential as it left the remainder of the femur structurally intact.

With this in mind, we proceeded with evaluation of the canal. Backscratchers from the Moreland cement removal set were utilized to remove the intramedullary debris. There was a pedestal distally consistent with retained cement mantle. This was far enough distal; however, we did not feel like this was of importance.

At this point, our attention turned to the acetabulum. Acetabular exposure was readily available with trochanter osteotomy. There were no screws and so without removing the polyethylene, acetabular exposure was really quite easy. There was gross motion at the level of the acetabulum and using a sharp acetabular osteotomes and using the Zimmer acetabular osteotomes, we were able to core out the remaining prosthesis without any damage to the underlying bone. The cup was relatively vertical and we did not medialize the cup as we were trying to preserve as much bone as possible for further reconstruction.

Trial reduction with a smallest antibiotic pre-made spacer was performed. The ExacTech spacers were utilized. Unfortunately, the canal diameter was still somewhat slightly too small to allow us to pass the long spacer down the canal. In addition, the spacer was then abutting the retained cement mantle.

To open up the canal, we used a Synthes flexible rotating reamer. The 11 and then a size 12 mm reamer was utilized to open up the canal to allow passage of this antibiotic spacer. Unfortunately, the tip of the reamer seized and broke off of the flexible shaft just at the level of the retained cement mantle. We looked at this with intraoperative mini-C-arm and ultimately came to the conclusion that the best way to remove this would be a small window on the lateral femur. A second stab wound incision was made approximately 2/3 the way down the femur and soft tissue dissection through IT band and vastus lateralis gave exposure to the lateral femur. A small 2 cm oval window was placed in the lateral femur, which gave us excellent exposure to the fractured distal tip of the reamer.

Even with direct exposure, however, we were unable to back up the reamer tip. Ultimately what we devised was passing a flexible cable up through the cannulated aspect of the reamer and then crimping not on the back on the cable itself, we were able to remove the cable with the reamer tip retrograde without additional damage to the bone. Having said that, we still had a remnant of cement mantle distally. We went ahead and left this. We ended up cutting a small portion of the cement spacer to come just to the level of the femoral window.

Operative Report

The patient because of relatively shallow acetabulum had some instability with even the monoblock unipolar prosthesis. As such, we had to increase the anteversion significantly to prevent dislocation. We gave the patient approximately 45 degrees of anteversion and we were able to reduce the femur within the acetabulum with the prosthesis in situ. A single batch of Palacos G cement with 2 g of vancomycin were vacuum mixed on the back table and packed around the shoulder of the prosthesis as we reduced the lateral 3rd of the trochanter osteotomy back onto the shoulder of the prosthesis with 2 control cables tightened sequentially. Anatomic reduction of all femoral fragments was obtained. The cement was allowed to harden, which gave us some rotational stability. The patient's femur was stable in multiple planes, although the patient with crossover was able to dislocate her hip and #1 PDS was utilized to repair the posterior capsule.

The patient's IT band was then repaired with #1 PDS suture and 2-0 Monocryl and staples were used as a final layer in the skin.

NATHAN G MOMBERGER MD

NGM/ss VID: 601440 TID: 714449 D: 05/12/2008 18:58:43 T: 05/13/2008 03:40:23

EXHIBIT 29

Date of Service: 06/23/2008
PREOPERATIVE DIAGNOSIS:
1. Right failed total hip arthroplasty.
2. Right hip sepsis.
3. Degenerative joint disease, right knee.

PROCEDURES:
1. Right total knee arthroplasty.
2. Revision right total hip arthroplasty, both components.
3. Extended trochanteric osteotomy with femoral lengthening.

HISTORY OF PRESENT ILLNESS: This is an unfortunate 66-year-old who has been nonambulatory now for a year related to bilateral failed hip arthroplasties. The patient has gone on to have severe ankylosing bilateral knee disease. The patient has been diagnosed with a chronically dislocated and left total hip arthroplasty with grossly failed acetabular component and pelvic discontinuity on the left. The patient is also status post below knee amputation for osteomyelitis of the foot. The patient is status post infection in the right hip arthroplasty, which is status post revision now 6 weeks out and presents for elective 2nd stage revision of the right hip arthroplasty. The patient also has severe deforming ankylosis of the right knee consistent with severe contractures and degenerative changes in the right knee.

The patient was deemed extremely high risk procedure. Risks and benefits were discussed at length with the patient including staging the procedure versus combining them. The patient's risk benefit ratio is such that the patient was deemed a candidate for simultaneous procedures on the right lower extremity in an attempt to get the patient weightbearing as soon as possible on the right side.

ANESTHESIA: Femoral nerve block, attempted spinal anesthesia, aborted, and general endotracheal anesthesia per Dr. Harold Rust.

ESTIMATED BLOOD LOSS: 1200 mL.

TRANSFUSIONS: Cell Saver approximately 400 mL. Cell Saver retransfusion intraoperatively.

COMPONENTS USED: Knee; NexGen LCCK D femoral component, size 17 x 45 mm short (stubby) stem on the femur and tibial component, size 3 LPS option tibial component, size 17 mm LCCK polyethylene liner with no patellar component.

The patient presents for the surgical procedure and after a failed attempt of spinal anesthesia, the patient was ultimately rolled into a supine position and given a general endotracheal anesthesia by Dr. Rust. The right lower extremity was prepped and draped sterilely. The knee was approached carefully through an anterior incision. The patient had severely ankylosed motion in the knee, which significantly complicated the procedure. The patient's preoperative range of motion

was approximately 25 degrees of flexion contracture to about 65 degrees of flexion. This limited flexion limited our ability to expose the distal femur. A medial parapatellar approach was performed and a soft tissue release was performed on the distal femur down to the level of the lateral collateral ligament and medial collateral ligament medially. The severe patellofemoral changes on her knee were resected using a free hand osteotomy, resecting the thickness of her patella in a flat osteotomy down to approximately 15 mm thickness. The patient had contracted patellar tendon as well as a very tight contracted quadriceps mechanism secondary to an inactivity and nonweightbearing status.

With gentle releases both medially and laterally and releases proximal into the quadriceps VMO area, the patient ultimately gained enough flexion, approximately 75-80 degrees of flexion to approach the distal femur. Distal femoral cutting guide was assembled and the distal femoral cut was performed with a shortened sword secondary to the patient's retained cement within the femoral canal. The femur was cut at 6 degrees of valgus. AP and chamfer blocks were assembled onto the distal femur and the femur was sized to a size E or D. We ultimately decided on the size D, given the patient's flexion contracture in an attempt to relax the patient's flexion space and ultimately result in better flexion for the patient.

The femoral anterior posterior cuts and chamfer cuts were performed. The attention then turned to the proximal tibia. Intramedullary proximal tibial cutting guide resected a generous proximal tibial cut. This measured to a size 3 and trial components have introduced into the knee. Correcting the significant valgus deformity left enough medial laxity, especially with the necessity of medial release for exposure that we were concerned about overall stability of long term. We elected to place semiconstrained prosthesis with an LCCK liner to compensate for MCL laxity. The femoral component was converted to LCCK component using the box cutting guide. This simple short stubby stem was placed into the tibia and the components were ultimately opened on the back table and cemented. The tibia cemented followed by the femur. The patient was brought out into full extension with the trials, the 14 and then a 17 mm spacer. Confirmation of the need for CCK liner was performed and this was opened on the back table. Liner snapped into place after tourniquet was let down at 70 minutes. Hemostasis was obtained with Bovie cautery. Cell Saver was also employed during this part of this case.

Because of the contracture of the extensor mechanism in the patella relative patella Baja, we had the option of either further resecting more patella and leaving the patient with a compromised patellar shell or simply leaving the patient with an osteotomized patella and not resurfacing the patella itself. Choosing between these 2, we ultimately elected to leave the patella, as was understanding that this may be a potential future source of some knee pain. The patient has such a limited ambulator I think the risks of pain outweigh the potential benefit of compromising her extensor mechanism further with the patellar shell.

With the unreplaced patellar resurfacing, we were able to flex the patient's knee up to about 95 degrees without undue pressure on the knee itself. The patient came out into full extension, which was clearly an improvement over preoperative status.

Thus, we went from 25-65 degrees of motion to 0-95 degrees of motion intraoperatively. Understanding that this would be stressed or concomitant revision of the hip, we went ahead and closed the wound with #1 Vicryl and #2 Tycron suture. 2-0 Monocryl and staples were used as a final layer in the knee.

The patient was rolled into a left lateral decubitus position with the right hip up. Care was taken to pad all bony prominences, especially given the fact the patient had a dislocated hip on the right side.

The right hip was prepped and draped sterilely. Using the prior incision, soft tissue dissection was carried down to IT band. The patient had significantly blurred soft tissue planes and ultimately we had to redevelop an IT band plane down to the greater trochanter. The trochanteric fragment from the previous extended osteotomy had healed in a relative fashion. Using a rigid osteotomes, we reosteotomized the proximal femur and extended to allow exposure to the hip spacer. The hip spacer had been subluxated laterally and had eroded away some of the bone superior and posterior. The anterior and posterior columns of the hip of the acetabulum; however, felt to be relatively intact as was the medial wall.

Our attention turned to the femur and was dislocated gently. There was enough tension on the iliopsoas tendon; however, at the medial fragment from the osteotomy fractured at the level of the extended lateral trochanteric osteotomy, essentially resulting in 3 main pieces for reconstruction. We had an intact femoral cone; however, at the level of the diaphysis and we were able to tap out the cement spacer without undue damage to the femur.

Prior to reconstructing the femur, our attention turned to the acetabulum. Acetabular reaming starting with size 43 mm diameter gently and carefully reamed up to a size 54 mm diameter. A 56 mm trial was relatively stable, although the lateral 40% of the cup essentially went uncovered superiorly and posteriorly. Because of this, we elected for a multi hole shell. A 56 Regenerex Biomet shell was opened onto the back table and impacted under snugged pressfit conditions. Ultimate fixation of this cup was compromised secondary to bone loss; however, we elected to place multiple screws. A total of 5 screws were placed through the available dome holes with excellent cortical bite. Despite the uncovered position of the shell, we felt like the shell was actually really quite stable and amenable to weightbearing essentially as tolerated given the patient's status.

A trial liner was placed in the acetabulum as our attention turns back to the femur. Sequential femoral reaming using conical reamers using the Biomet Mallory-Head revision system was performed. We elected for a tapered splined stem as the patient had a cortical defect at the 3/4th the way down the femur from a previously entrapped broken reamer from the prior surgery. Our intention was to avoid as much stress as possible at this level. A tapered stem in our mindset decreased the amount of the stress and compromised the femoral level.

Size 14 and size 15 mm trials were placed. We intentionally wanted to lengthen the patient for stability reasons and also because of the patient had been severely

contracted.

The 14 mm stem essentially ended with the tip just into and passed the femoral defect distally. In an attempt to raise the tip of that stem, we increased the diameter of the stem 15 mm, which brought the tip of the stem down to essentially just above the femoral defect. Happier with this position and confident we were not placing a tremendous amount of force across this distal femoral defect, we elected for a 15 mm stem on a small size A body. Trial reduction was performed and with the smallest head we were still able to reduce to hip and get the hip to neutral extension. The hip was contracted enough for we were unable to get any hyperextension. Abduction was limited to about 35-40 degrees. Flexion and internal rotation was very stable with approximately 30 degrees of anteversion placed on the stem relative to the knee.

This component was opened and a 15 mm x 200 mm tapered stem was locked into the body of the size A shortest body and tapped under very tight pressfit conditions. Our concern obviously was for propagating a fracture. This was looked at multiple times with mini C-arm fluoroscopy up and down the femur to assure ourselves that we had not had an occult fracture. A trial reduction was performed with the -6 mm head. A 36 x -6 head was opened and tapped onto the Morris taper of the femoral stem and then reduced with the minimal trauma to the hip. The patient was very stable, although the patient's range of motion was severely limited by soft tissue constraints and not by component constraints.

The osteotomy was then repaired using the medial and lateral halves of the proximal femur repaired back with 2 Biomet control cables. This left a gap posteriorly, which was filled in with Zimmer demineralized bone matrix. A near anatomic reduction of the fragments was obtained. The patient was stable in multiple planes including adduction and crossover test.

The IT band was repaired with #1 Vicryl suture in a single layer. No posterior capsule repair was affected, as there were no posterior structures to repair.

The 2-0 Monocryl and staples were used as the final layer in the skin. The patient was rolled in the supine position.

NATHAN G MOMBERGER MD

NGM/ss VID: 735273 TID: 852458 D: 06/23/2008 17:31:04 T: 06/24/2008 01:25:00

EXHIBIT 30

805-2

HEALTHSOUTH REHABILITATION HOSPITAL OF UTAH

ADMISSION HISTORY AND PHYSICAL

PATIENT NAME:	NIELD, JUDY
MEDICAL RECORD NO.:	058715
DATE OF ADMISSION:	06/27/08
ATTENDING PHYSICIAN:	Joseph W. Vick Roy, Jr., M.D.

IDENTIFYING DATA AND CHIEF COMPLAINT

This patient is a 66-year old Caucasian female who is transferred to HealthSouth from Intermountain Medical Center, where she was under the care of Nathan Momberger, M.D. The patient has a history of multiple lower extremity joint problems and underwent recent right hip and knee arthroplasties in an attempt to correct some of these problems. She has experienced a functional decline following surgery and a course of inpatient rehabilitation is considered reasonable and necessary on the basis of a Preadmission Screening Evaluation.

HISTORY OF ILLNESS

This patient initially underwent bilateral total hip arthroplasties 15 years with a complication of complete left sciatic nerve palsy resulting in a neuropathic and chronically dislocated left hip. In the fall of 2007, she developed osteomyelitis in her left foot with methicillin-resistant Staph aureus. This eventually led her to a left below-knee amputation on 05/02/08 by Dr. Howe at Promise Specialty Hospital. Shortly after this surgery, she developed a Pseudomonas infection in her right hip with hardware failure, treated by explant of total hip components with placement of an antibiotic spacer. Dr. Momberger also noted that she had severe deforming ankylosis of the right knee, consistent with severe contractures and degenerative changes, and a total knee arthroplasty was recommended. Approximately six weeks following the Stage I revision at her right hip, she was readmitted to Intermountain Medical Center and on 06/23/08, she underwent a right total knee arthroplasty, revision right total hip arthroplasty with trochanteric osteotomy/femoral lengthening. The patient states that her goals for this surgery are to learn to walk and drive a car again. Cultures obtained from the right hip at the time of surgery showed no growth and she is continuing a course of imipenem under the direction of Joel Trachtenberg, M.D.

She has been started on Coumadin to prevent DVT and a pro-time INR was measured on 06/27 at 1.7. She had an ultrasound of the right lower extremity on 06/26/08, which showed no evidence of SVT or DVT, but the veins were not well visualized. A follow-up CBC on 06/25 showed low hematocrit of 24.1, platelets 131, WBC 6.3. She had received a prior transfusion with two units of packed cells on 06/23/08, and she received an additional two units on 06/25/08. A follow-up hematocrit on 06/26/08 was improved at 30.0. A basic metabolic panel on 06/25 was remarkable for low sodium of 133, calcium 8.3, and elevated glucose 126.

The patient's condition is now improving and she has been referred to HealthSouth as an appropriate candidate for comprehensive inpatient rehabilitation.

PAST MEDICAL HISTORY

1. Diabetes mellitus.
2. Hypothyroidism.
3. Chronic pain related to her multiple orthopedic problems listed above.
4. Obesity.

PAST SURGICAL HISTORY

1. Multiple orthopedic procedures, listed above.
2. Carpal tunnel release 20 years ago.

ALLERGIES

TETRACYCLINE.

MEDICATIONS

Current medications as listed in the transfer orders include:
1. Duragesic patch 50 mcg q 72h.
2. Imipenem 500 mg intravenous q6h.
3. Dilaudid 12-20 mg q3h prn pain.
4. Coumadin 2 mg daily.
5. Prilosec 20 mg daily.
6. Lantus insulin 40 units qhs with additional Humalog insulin by sliding scale.
7. Soma 350 mg q6h prn.
8. Dulcolax tablet or suppository daily prn.
9. Senokot one tablet daily.
10. Levothyroxine 0.1 mg daily.

SOCIAL HISTORY

The patient is a widow and lives in Pocatello, Idaho with a friend who provides some assistance. She also has a son who lives nearby. Her other son died three years ago. Her home has a ramp on the outside and no inside stairs with good wheelchair accessibility, as she has been wheelchair-dependent over the past year. She has been residing in a hospital or skilled nursing facility since March 2008. She has not yet been fitted for a prosthesis on her left amputation. She has no history of cigarette, alcohol or illegal drug use.

FAMILY HISTORY

Her mother died at age 93 from "old age" with Alzheimer's disease. Her father died at age 70 from a "possible murder". There is no family

history of diabetes.

REVIEW OF SYSTEMS

The patient's current diet is a 2000-calorie ADA. She has a history of partial incontinence of urine and now has a Foley catheter in place. She reports that her last bowel movement was on 06/22/08. She denies any history of hypertension, heart disease, lung disease or neurological illness, except as described above. I discussed Advanced Directives with the patient and she has requested a DNR code status. She demonstrated a good understanding of this issue and these wishes will be respected.

Systems review is otherwise negative/noncontributory except as noted above. I have reviewed the HealthSouth Preadmission Evaluation and the transfer medical records in detail today. Please refer to these records for additional systems review information if needed.

PHYSICAL EXAMINATION

GENERAL: Appearance is that of a well-developed, well-nourished, elderly Caucasian female in no acute distress.

VITALS: Temperature is 99.2°. Blood pressure 105/67. Respirations 18. Heart rate 93.

HEENT: Normocephalic and atraumatic. PERRL. Mucous membranes are moist.

NECK: Supple without jugular venous distention.

CARDIAC: There is a regular rate and rhythm with no loud murmurs.

LUNGS: Clear to auscultation with oxygen saturation 87% on room air.

ABDOMEN: Firm and nontender. There are no masses, and bowel sounds are present.

EXTREM: Remarkable for recent surgical incisions over the right hip and knee areas. These incisions were inspected and are intact with staples in place. There is no redness or active drainage noted. There is moderate swelling around the surgical areas with 1+ distal edema and no calf tenderness. There is a 2-cm abrasion medial to the right knee incision, which appears related to a "tape blister". The left lower extremity is remarkable for a below-knee amputation. The stump was inspected and appears well healed. There is a 2 x 2 cm pressure ulceration on the medial aspect of the left thigh with minimal redness and no drainage. This was covered with Mepilex dressing. There is no cyanosis or edema noted in her upper extremities.

NEURO: Remarkable for complete paralysis and anesthesia of the left lower extremity. Neurologic exam is otherwise grossly intact, although strength testing could not be performed in the right lower extremity due to recent surgery. However she does have good active movement at the ankle.

IMPRESSION

This patient is a previously independent 66-year-old Caucasian female with functional impairments related to multiple bilateral lower extremity orthopedic problems. She recently underwent a right total knee arthroplasty and revision hip arthroplasty for treatment of degenerative joint disease at the knee, as well as infection with a failed prosthesis at the hip. She is currently in need of inpatient rehabilitation with a long-term goal of independent ambulation, driving and independence in self-care activities.

MEDICAL PROBLEM LIST:

1. Status post right total hip arthroplasty revision on 06/23/08 for failed hardware with Pseudomonas right hip sepsis.
2. Osteoarthritis, status post right total knee arthroplasty on 06/23/08 for treatment of severe deforming ankylosis with contractures.
3. Status post extended trochanteric osteotomy with femoral lengthening on 06/23/08.
4. Status post left below-knee amputation on 05/02/08 for MRSA osteomyelitis of the left foot.
5. History of left total hip arthroplasty 15 years ago, complicated by complete sciatic nerve palsy with chronic left hip dislocation/pelvic discontinuity.
6. Acute on chronic pain related to her multiple orthopedic problems listed above.
7. Diabetes mellitus.
8. Hypothyroidism.
9. Postoperative anemia, status post multiple transfusions.
10. Prophylactic postoperative anticoagulation.
11. Obesity.

REHABILITATION PROBLEM LIST:

1. Loss of independence in mobility.
2. Need for adaptive equipment evaluation and training.
3. Need for left leg amputation prosthesis fitting and training.
4. Loss of independence in self-care activities.
5. Loss of community reentry and driving skills.
6. Need for patient/family education and training.
7. Postoperative constipation.
8. Foley catheter in place with history of incontinence.
9. Need for discharge planning and identification of community resources.

PLAN

The patient will be admitted to the Orthopedic Rehabilitation Program, where she will be evaluated and receive treatment from an interdisciplinary team in order to address the medical and rehab problems listed above. Rehab treatments which are currently needed include physical therapy twice daily for adaptive mobility equipment evaluation and training to improve safety and independence in bed mobility, transfers and ambulation. Evaluation and daily treatment from Occupational Therapy is needed to evaluate adaptive self-care equipment needs and provide training to restore safety and independence in self-care activities. Close monitoring and treatment by rehab nursing is needed to follow through on rehab goals and monitor her performance while on the nursing unit, to develop and implement a patient safety/fall prevention plan, and to monitor elimination, skin condition and response to medications. Ongoing rehab physician care will be needed to monitor and coordinate her treatment program and to make adjustments to this program based on her progress and changes in her condition.

The surgical incision sites on the right leg will be monitored for healing and she will be watched for any sign of postoperative complications such as infection, bleeding or DVT. She will continue on intravenous imipenem under the management of Joel Trachtenberg, M.D. of Infectious Disease. Dr. Trachtenberg has requested weekly labs on Mondays including a CBC, CMP, sed rate and CRP and results will be faxed to his office for review. The patient will be scheduled for follow-up with Dr. Trachtenberg in two weeks and he will provide consult assistance regarding management of her recent infection. Pro-times will be monitored daily until stable and Coumadin dose adjusted to maintain INR between 2.0

and 2.5 if possible. Additional laboratory and diagnostic studies will be obtained on an as-needed basis. She will have blood glucose levels monitored qid and will receive Humalog insulin by sliding scale. Her diabetes management plan will be changed or adjusted if needed. She will be started on Senokot S and MiraLax for treatment of constipation and bowel medications will be changed if needed. Her Foley catheter will be removed when appropriate and after this, bladder training will be provided and postvoid residuals will be checked.

A CPM machine will be used on the right knee to improve range of motion following her recent total knee arthroplasty. A shrinker sock will be kept in place on the left amputation stump and dressing changes provided for the ulceration on her left leg, which will be monitored. Prosthetics consultation will be obtained when appropriate for education and eventual fitting with a left leg prosthesis. I will request that a trapeze bar be mounted above her bed to assist with bed mobility.

Response to pain medications will be monitored with changes or adjustments made as needed.

She will be scheduled for a follow-up orthopedic visit with Dr. Momberger in six weeks, as requested. Follow-up x-rays of the right hip and knee will be obtained in three weeks and sent to Dr. Momberger for his review, as requested. Staples will be removed from the surgical sites on or about 07/11/08, as instructed by Dr. Momberger.

The discharge plan is for the patient to return home. Her rehabilitation prognosis is good and there is a reasonable chance that she will reach her long-term mobility goals eventually, although it is unlikely that the goal of independent ambulation and driving will be reached by the time of her discharge from HealthSouth. Arrangements will be made for continued rehab treatment on an outpatient basis following discharge, so that she can continue to work towards these goals. The estimated length of stay is four weeks.

A total of two hours of physician time was spent completing this intake evaluation including review of transfer records and discussion of treatment plans with the patient.

JOSEPH W. VICK ROY, JR., M.D.

d: 06/28/08
r: 06/28/08
t: 06/28/08
JVR:ms15
#8185

cc: Nathan Momberger, M.D.
Joel Trachtenberg, M.D.
Kim Bertin, M.D.

EXHIBIT 31

CARE PLAN AND NURSING NOTE

Creekside Home Health

124[redacted]owstone Ave Suite A3, Pocatello, ID 83201

Certification Period: 7/11/2008 - 9/8/2008

Not Valid Past 9/8/2008

Name: NIELD, JUDY

ID: NIKI

DATE: 7-11-08

TIME IN: 2100

TIME OUT: 2120

TOTAL:

Phone: (208)237-4079	**Address:** 260 ADAMS, CHUBBUCK, ID 83202		**Visit Pref:**
SS#: [redacted]	**DOB:** [redacted]	**Allergies:** NKDA	**Code Status:** DNR
MC/Pol #: 518520717A	**Billable:** (Y) N	**MD:** Zimmerman **Phone:** (208)282-4700	Sched Recert Supvry PRN:

Temp: O A R T	**Pulse:** R A	**Resp:**	**B/P** L R Sitting: Standing: Supine @ Admit visit	**Glucometer Type:** one touch	**Whose Glucometer:** RN (Pt)
Weight:	**O2 Sat:**			**Blood Sugar:** ultra F AC PP (HS)	**GL Calib Test:** NE **GL Range:**

Homebound: (Y) N earlier

- ☐ Restricted activity
- ☐ Ambulatory (_____ feet)
- ☐ Requires assist with ambulation
- ☐ SOB with exertion
- ☐ Confined to bed
- ☐ Confined to chair
- ☐ Transfer assist
- ☐ Amputation
- ☐ Paralysis: Partial Complete
- ☐ Impaired judgement
- ☐ LOC _____
- ☐ Other: _____

Notes: Peggie is Dr Zimmermans nurse

154

Communication: ☐ HCA ☐ MD ☐ PT/ST/OT ☐ Lab ☐ MSW ☐ Other: _____

Comments:

Supervisory Questionaire:		
The aide is following orders on the HCA Careplan.	Yes	No
The aide demonstrates a complete understanding of procedures being performed for the patient.	Yes	No
The aide is thorough and takes the time necessary to meet the patient's needs.	Yes	No
The patient is satisfied with the services the aide is providing.	Yes	No

DX: ALTERATION: blood glucose

GOAL: blood glucose to remain between 80-120 thru cert period

1. MS QV assess blood glucose and s/s hypo/hyperglycemia
   Comments: 154 pleasant /alert ø weakness or distress. MS.
2. ø administer insulin per MD order: QID Novolog pen sliding scale as follows: 120-160 = 2u 161-200=4u 201-250=6u 251-300=8u 301-400=10u 401-500=12u greater than 500 call MD

SITE:	ROUTE:	LAST ATE/GOING TO EAT:
TOLERATED?	AMOUNT:	S/S ... REVIEW:

   Comments: refuses sliding scale until CM can clarify orders. states
3. MS administer insulin per MD order: Lantus 27u QHS lower limits start @ 161 — ø 120.

SITE:	ROUTE:	LAST ATE/GOING TO EAT: MS.
TOLERATED?	AMOUNT:	S/S ... REVIEW:

   Comments: _____
4. ø weekly assessment of CV/CP, skin, pain
   Comments: _____

DX: impaired skin integrity

GOAL: wounds to heal with minimal complications thru cert period

5. ø MWF: remove old dressing, wound cleanser, nonadherent, hypafix to R knee, monitor s/s infection

SIZE (L/W/D):	DRAINAGE:
APPEARANCE:	

   Comments: done @ Admit visit. MS.
6. ø MWF: remove old dressing, wound cleanser, mepilex border to R inner knee, monitor s/s infection

JN002739

SIZE (L/W/D):	DRAI
APPEARANCE:	

Comments: _____

7. ϕ QAM: monitor R hip incision for s/s infection

SIZE (L/W/D):	DRAINAGE:
APPEARANCE:	

Comments: _____

8. ϕ QW: measure wounds

Comments: _____

DX: risk for skin breakdown dt bedbound status and urinary incontinence

GOAL: pt to remain free from skin breakdown thru cert period

9. ϕ PRN provide incontinence cares and assess skin

Comments: none needed this visit. MS.

DX: altered health maintenance

GOAL: labs values maintained WNL (INR 1.5 -- 2.5)

10. ϕ MON/THURS: VP or FS PT/INR call results to Dr Mumberger (801-314-5026) fax orders to be signed to 801-314-4015, D/C coumadin 08/04/2008

SITE:	NEEDLE GAUGE:	# ATTEMPTS:
TOLERATED?	SITE LOOKED:	DRSG:

Comments: _____

11. ϕ PRN: assist with medication

Comments: _____

12. MS PRN: irrigate ears

Comments: Debrox ear gtts to (L) ear. MS.

Supplies:

gloves, bath care supplies, syringes, alcohol swabs, sharps container, wound wash, 4x4 gauze, gauze ABD, allevyn heel non-adherents, kerlix, bandage scissors

Additional Notes: _____

SN Signature: M. Sabel RN

EXHIBIT 32

PORTNEUF MEDICAL CENTER
651 Memorial Drive
Pocatello, ID
(208) 239-1000

EMERGENCY DEPARTMENT REPORT

NAME: NIELD,JUDY
DOB [redacted] AGE: 66Y
VISIT DATE: 04/09/2009
DISCH:
ATTN PHYS: COKER, STEVEN

LOCATION / ROOM: 55 0514
MR: 125192
ACCT: 4102616
PT TYPE: 1

HISTORY OF PRESENT ILLNESS
This is a 66-year-old female. She comes into the Emergency Department today with complaining of pain in her right hip that has been ongoing for the last two weeks. She has had some intermittent fevers. She denies other complaints other than just has felt a little achy in general.

REVIEW OF SYSTEMS
She denies chest pain, abdominal pain, dizziness, lightheadedness, nausea or vomiting. The remainder of the organ system review is negative.

PAST MEDICAL HISTORY
1. Hypothyroidism.
2. Chronic back and neck pain.
3. DVT.
4. Diabetes.

MEDICATIONS
1. L-thyroxine.
2. Vicodin.
3. Duragesic.

ALLERGIES
Tetracycline.

PHYSICAL EXAMINATION
VITAL SIGNS: Blood pressure 186/79, pulse 85, respirations 20, temperature 98.8, pulse oximetry 98 on room air.
GENERAL: She is awake, alert, in no acute distress.
HEENT: Normocephalic, atraumatic.
NECK: Supple and nontender.
CHEST: Clear.
CARDIAC: Regular without murmur.
ABDOMEN: Benign.

CONTINUED

EXTREMITIES: The right hip is notable for significant erythema and swelling along her right hip incision, where a hip replacement was done about a year ago. There is an area where there is some pus present under a thin piece of skin. This was lifted and a large amount of pus was obtained. She is quite tender in that location.

EMERGENCY DEPARTMENT COURSE
The patient was seen and assessed. She has a quite obvious wound infection. Wound cultures were obtained. Blood cultures were obtained. CBC was 6.5. Urinalysis just showed greater than 1000 glucose. Remainder of the labs is pending at this time. I discussed the case with Dr. Steve Coker and Sandra Hoffmann. Dr. Coker is admitting the patient for further treatment and Dr. Hoffman will be consulting.

DIAGNOSIS
Wound infection right hip

This document was electronically signed by Kenneth Ryan, MD on 04/15/2009 18:28:59.

Kenneth Ryan, MD

Job ID: 373429
DOCUMENT ID: 6187
DD: 04/09/2009 16:36:14 / KR
DT: 04/10/2009 16:51:08 / ks

cc:

EXHIBIT 33

--- MICROBIOLOGY/SEROLOGY ---
(continued)

==========

ACCESSION: L1057107
ORDERED: 04/09/2009 16:21 REQ. PHY.: RYAN, KENNETH C
COLLECTED: 04/09/2009 16:35

RESULTS
NO GROWTH IN 24 HOURS
NO GROWTH IN 5 DAYS

WOUND CULTURE ACC #: L1057096
Source: WOUND,OTHER Collected: 04/09/2009 15:30
Status: FINAL Set-up: 04/09/2009 1645

GRAM STAIN
4+ WBC'S - 4+ GRAM POSITIVE COCCI
ORG
ENTEROCOCCUS FAECALIS
RESULTS
SOURCE IS RIGHT HIP
HEAVY GRAM POSITIVE COCCI
HEAVY ENTEROCOCCUS FAECALIS

ANTIMICROBICS	ENTEROCOCCUS FAECALIS MIC uG/ML	BLD	UR
AMOXICILLIN/K CLAVULANATE	<=4/2		
AMPICILLIN	<=2	S	
DAPTOMYCIN	1	S	
ERYTHROMYCIN	1	I	
GENTAMICIN SYNERGY SCREEN	<=500	S	
IMIPENEM	<=4		
LEVOFLOXACIN	<=2	S	
NITROFURANTOIN	<=32		
PENICILLIN	2	S	
RIFAMPIN	<=1	S	
TETRACYCLINE	<=4	S	

*** MICROBIOLOGY/SEROLOGY CONTINUED ON NEXT PAGE ***

--- MICROBIOLOGY/SEROLOGY ---
(continued)

ACCESSION: L1057096
ORDERED: 04/09/2009 15:52 REQ. PHY.: RYAN, KENNETH C
COLLECTED: 04/09/2009 15:30

ANTIMICROBICS	ENTEROCOCCUS FAECALIS MIC uG/ML BLD UR
VANCOMYCIN	1 S

S=Susceptible I=Intermediate R=Resistant
BLANK=Drug not advisable BLAC=Beta Lac Pos TFG=Thymidine dependant
IB appears in place of the S interpretation when organism tests as sensitive but is known to have an inducible Beta-lactamase.
All Staphylococci are tested for Inducible Resistance to Clindamycin; if inducible resistance is detected the isolate is reported as R.
Interpretations based on approx. adult attainable Blood/Urine levels.* Discharge

JN006758

EXHIBIT 34

PORTNEUF MEDICAL CENTER
651 Memorial Drive
Pocatello, ID
(208) 239-1000

HISTORY AND PHYSICAL

NAME: NIELD, JUDY
D.O.B.: 05/26/1942 AGE: 66Y
ADMIT: 04/09/2009
DISCH:

LOC / ROOM: 550514
MR#: 125192
ACCT#: 4102616
PT TYPE: 1

ATTN PHYS: COKER, STEVEN
x
CHIEF COMPLAINT
Infection about her right hip.

HISTORY OF PRESENT ILLNESS
Mrs. Nield is 66 years old and in poor health, who has a long history of arthroplasties about both of her lower extremities. She had bilateral total hip arthroplasties about 14 years ago by Dr.Momberg that originally did well. About 18 months ago she began to have chronic ulcerations about her left foot from peripheral vascular disease. Unfortunately at some point this seated her right hip last summer, nine months ago. Ultimately the left foot became is significantly infected and required a left below-knee amputation. It sounds like several months later the seating into her right hip required an exchange arthroplasty by Dr. Malmberg at a Hospital in Salt Lake City. The patient describes well a resection of her implant, six or eight weeks course of IV antibiotics and temporary spacers, and then replantation that sounds like about August of last year.

She, unfortunately has not been able to ambulate for the past 18 months due to these chronic illnesses and procedures. She has a chronically dislocated left total hip arthroplasty that has been treated nonoperatively and I think for all these reasons she has been non ambulatory for 18 months. Following her exchange arthroplasty about her right hip she was not required any antibiotics and has been doing reasonably well, living at home. She gets hoisted from her bed to her chair he gets around in her chair. She was in her usual state of fair health, getting by until the last two weeks has become little bit more ill. Noticed to have some redness about her right hip incision. Presents to our Emergency Department now with an obvious infection, at least to the fascial plane of this right hip incision. She is reporting some fevers and some malaise.

PAST MEDICAL HISTORY
Includes:
1. Hypothyroidism.
2. Chronic back and neck pain.
3. History of peripheral vascular disease.
4. Deep vein fibrosis.
5. There is no history of cardiac disease or diabetes.

PAST SURGICAL HISTORY
Predominantly orthopedic procedures as described above.

CONTINUED

CURRENT MEDICATIONS
1. Synthroid 0.5 mg daily.
2. Vicodin 5 mg 1 or 2 tablets several times a day.
3. Duragesic patch, it is a 12 mg topical patch that is exchanged every 72 hours.

ALLERGIES
To TETRACYCLINE, causes GI upset.

Social History
IS as above.

PHYSICAL EXAM
General: This is an elderly woman lying reasonably comfortably on the bed, providing a good history, reporting only pain in the legs about this right hip.
HEENT: Exam is otherwise unremarkable.
LUNGS: Lungs are clear to auscultation bilaterally.
HEART: Heart regular rhythm without murmur.
ABDOMEN: Abdomen is obese, soft, nontender, nondistended.
EXTREMITIES: Her left leg has a little motion, left below-knee amputation, and some tenderness and irritability about her left hip. Her right leg has redness and induration around her previous surgical scar, and in two areas she has a pinhole drained that I did here in the in the Emergency Department as later described debrided and irrigated. She has very little motion about her right knee about 10 or 15° of flexion. Her skin is a quite shiny, thin, and atrophic from about the knee distally with no palpable pulses at the foot. Cap is soft.

X-rays, AP of her pelvis showed the exchanged arthroplasty right hip. There is some air in the fascial layers that are consistent with her physical findings. Her left chronically dislocated total hip arthroplasty is noted.

ASSESSMENT
1. Chronic left total hip arthroplasty.
2. Infection around the right total hip arthroplasty after failure of an exchange.

PLAN
I discussed with the patient her options and she and I both are in agreement that I would suggest that we treat this nonoperatively, at least initially. I have asked for her permission so I might débride and irrigate these wounds and that was allowed. So, with 4 mg of morphine IV and just a topical agent I was able to make about a 2 cm incision right over the draining wounds and I wrote irrigate a total of about 500 mL of sterile saline through this region. It does connect about a 4 inch skin bridge along the length of her skin incision and I was able to, I think, irrigate to a clear fluid. I then packed with a sterile bandage and placed with an ABD. We will admit this patient to the hospital, start her on IV antibiotics.

CONTINUED

My impression is that I do not believe she is an operative candidate. She has failed an exchange arthroplasty. I think if we can contain this infection to just the fascial planes and then suppress her, as she is an on-ambulator for the last 18 months, I think that would be our initial goals. I did explain that if the infection should worsen this might require resection of her implants. Though, I think that would be a difficult course and she is in agreement to the plan is outlined above. I will admitted to the hospital. ISU internist will help with her care as well.

This document was electronically signed by Steven Coker, MD+ on 05/26/2009 14:56:12.

Steven Coker, MD+

Job ID: 373436
DOCUMENT ID: 5908
DD: 04/09/2009 17:00:07 / SC
DT: 04/09/2009 17:37:38 / clj

cc:

EXHIBIT 35

Note Type: Discharge Instructions
Note Time: N/A
Last Stored: 1458 15 Apr 2009
Stored by: Ogden, Lida Farnworth, Marc Clarke, Lindsey

Portneuf MEDICAL CENTER

DISCHARGE INSTRUCTIONS

Your Diagnosis: *Right Hip abscess*

Tests performed:

1. Medications:

INSTRUCTIONS FOR PATIENT:
Take all your medications exactly as prescribed by your physician.
Keep a list of your medications with you at all times.
Contact your physician before taking any medications you have at home that are not on this list or before taking any over-the-counter or herbal medications.

HOME MEDICATIONS

Which pharmacy do you fill you home medications through?

Medication Disposition:

Were medications returned from pharmacy if applicable? (Circle/Mark) Yes No

Height: ft in

Weight: *191.8* lbs *87.00* kg BMI:

Continue After Discharge (Mark Each Line)		Medication	Dose	Route	Frequency	Reason
Yes	1	*fentanyl patch*	*12.5 mg*	*topicaly*	*every 3 days*	*pain*
Yes	2	*norco 5/325*	*1 tab*	*Oral*	*every 8 hrs as neede*	*pain*
NO	3	*synthroid*	*75 mcg*	*Oral*	*Daily*	*new dose*
Yes	4	*multivitamin*	*1 tab*	*oral*	*daily*	
	5					
	6					
	7					
	8					

Data Source: *Patient*

NEW DISCHARGE MEDICATIONS

	Medication	Dose	Route	Frequency	Reason	Special Instructions
1	*Ampicillin*	*2 grams*	*Intravenous*	*every 6 hours*	*hip abcess*	*To continue until May 22.*
2	*lantus Insulin*	*40 Units*	*Sub-cutaneous*	*2 x Daily*	*diabetes*	

Lida Ogden MD
4/15/09
1200

MR#: 000125192
NIELD, JUDY
Unit: DISCH Bed: DISCH
DOB: 05/26/1942
Physician: COKER, STEVEN
PA#: 4102616
Admit Date: 04/09/2009
Patient Event Log

3	Actos 15 mg	1 tab	Oral	Daily	diabetes	
4	Culturelle	2 tabs	Oral	2 x Daily	prevent diarrhea	while on antibiotics
5	Synthoid 100 mcg	1 tab	Oral	Daily	hypothyroidism	new dose
6	Novolog insulin	20 Units	Sub-cutaneous	Before meals	diabetes	
7	Novolog insulin		Sub-cutaneous	Before meals	diabetes	Sliding scale: If BG less than 70 or greater than 400 Notify physician; if 150-199 2 units; if 200-249 4 Units; if 250-299 7 units;300-349: 10 units; 350-399 12 units

2. Diet

Diabetic diet, as tolerated

3. Activity Level

(Circle/Mark those that apply)

Restrictions/limitations

Fall risk, needs assistance to ambulate and transfers.

4. Follow-up Appointments:

	Physician	Date/Time	Phone number	Address
#1	Dr. Baker	Tuesday April 21st	237-1151	1125 W Alameda
	Comments	DR Baker will do home visit most likely on Tuesday April 21st.		
#2	Dr. Zimmerman	Monday April 20th at 1:40PM	282-4700	Pocatello Family Medicine 465 Memorial Drive
	Comments			

Linda Ogden MD
4/15/09
1200

MR#: 000125192
NIELD, JUDY
Unit: DISCH Bed: DISCH
DOB: 05/26/1942
Physician: COKER, STEVEN.
PA#: 4102616
Admit Date: (04/09/2009)
Patient Event Log

JN006741

Continued...

5. Home Health Care Agency

Access Home Health Phone number

Comments ***IV therapy daily for 6 weeks,PICC line care, wound care, twice a day lantus administration, premeal Novolog, BG monitoring and recording fasting and premeals blood glucose please***

6. Special Instructions

7. See additional Instruction Sheet(s):

8. Wound Care

Your wound should be cared for in the following manner:

Notify your physician if your wound shows signs of infection such as pus, redness, streaks, foul drainage, severe pain, or fever greater than 101 degrees. Also notify your physician immediately if you experience chest pain, shortness of breath or chills; heaviness, warmth or swelling in one or both legs.

TIW packing with Mepilex Ag by wound care nurse.

8. Billing

You will receive your hospital bill in a few weeks. We have tried to make it patient friendly. If you have any questions or concerns or are having difficulty understanding your bill, please call 239-2100 for assistance.

If you smoke: YOU CAN QUIT SMOKING, and if you do:

Linda Ogden RN
4/13/09
1200

MR#: 000125192
NIELD, JUDY
Unit: DISCH Bed: DISCH
DOB: 05/26/1942
Physician: COKER, STEVEN
PA#: 4102616
Admit Date: 04/09/2009

Patient Event Log

Continued...

- Your chances of getting sick from smoking will be decreased, and you will have more energy and breathe more easily.
- The people you live with will be healthier, because breathing in secondhand smoke can cause asthma and other health problems especially for children and unborn babies.
- You will have more money to spend on things other than cigarettes.

YOU CAN GET HELP TO QUIT

- Ask your doctor about medications that can help you quit.
- Tell your family, friends, and the people you work with that you are going to quit, and get help by contacting these resources:
  - American Cancer Society: 1-800-ACS-2345
  - Southeastern Idaho District Health Dept: (208) 233-9080
  - Portneuf Smoking Cessation: (208) 239-1750
  - http://www.surgeongeneral.gov/tobacco/lowit.htm

Helpful hints to "Stay Quit":

- Set a quit date:___/___/___, and if you 'slip' and smoke, don't give up - set a new date!
- Get rid of all cigarettes and ashtrays in your home, car and place of work.
- Ask people not to smoke in your home and avoid being around people who are smoking.
- Eat healthy food, exercise, and avoid alcohol.

Discharge Date/Time:

This information was reviewed with me prior to discharge, and questions have been addressed to my satisfaction.

I understand that if I have any questions or concerns after I am discharged, I should contact my physician.

Patient/Patient Representative Signature: _____ **DATE:** _____

RN Signature: _____ **DATE:** _____

Physician Signature: Linda Ogden MD **DATE:** 4/15/09 12:00

MR#: 000125192
NIELD, JUDY
Unit: DISCH Bed: DISCH
DOB: 05/26/1942
Physician: COKER, STEVEN.
PA#: 4102616
Admit Date: 04/09/2009

Patient Event Log

JN006743

EXHIBIT 36

JUDY NIELD
Female DOB: [redacted]

Home: 208-237-4079 Work: 208
Ins: MEDICARE (320)

04/21/2009 - Office Visit
Provider: Mike Baker
Location of Care: Idaho Wound Care and Hyperbaric Clinic

History of Present Illness:
PROBLEM:
Septic right hip

Judy was evaluated in the home setting following recent hospitalization and diagnosis of a septic right hip post placement of hip prosthesis x2l. Two abscesses in the prior surgical incision site were drained by Dr. Coker. Culture shows enterococcus faecalis. She is currently on 12 grams of Amoxicillin parenterally daily for an 8 week period. Since last seen, she has had a left BKA amputation, attempted repair of her left hip which failed, and two hip prosthesis on the right and both became infected (first with pseudomonas and the current situation with enterococcus faecalis). She is an Insulin dependent type II diabetic.

The wounds today were located on the right lateral thigh and are both 3cm in diameter and 3cm in depth with a 50cm sinus tract communicating with both lesions and the progressing another 8cm cephalad to the hip prosthesis. There is minimal to moderate drainage. There is no periwound erythema or induration with no odor.

Underlying Conditions

Impression & Recommendations:

Problem # 1: PYOGENIC ARTHRITIS PELVIC REGION AND THIGH (ICD-711.05)
IMPRESSION:
1. Septic, right hip
2. Enterococcus faecalis

PLAN:
We will initiate Vac therapy in addition to parenteral antibiotics. Her case will be discussed with Dr. Martha Buitrago Infectious Disease. Basically, Judy is followed by Home Health in the home and we will see her weekly to monitor progress and Vac therapy.

Problem # 2: DIABETES MELLITUS, TYPE II (ICD-250.00)

Signed by Mike Baker on 04/29/2009 at 4:30 PM

JUDY NIELD
Female DOB [redacted]

Home: 208-237-4079 Work: 208
Ins: MEDICARE (320)

EXHIBIT 37

JUDY NIELD
Female DOB: 05/26/1942

Home: 208-237-4079 Work: 208
Ins: MEDICARE (320)

05/19/2009 - Office Visit: home visit
Provider: Mike Baker
Location of Care: Idaho Wound Care and Hyperbaric Clinic

Current Medications

CEFEPIME HCL 2 GM/100ML SOLN (CEFEPIME HCL) IV q. 12 hours
VANCOMYCIN HCL 1000 MG SOLR (VANCOMYCIN HCL) IV q. 12 hours

History of Present Illness:
PROBLEM:
Pyogenic arthritis of the right hip with hip prosthesis.

Judy's right hip area is reassessed. The sinus tracts are as described prior with no change. The wound culture shows pseudomonas, enterococcus, and ecoli. She had her antibiotics expanded the last two days to include Imipenem at 500mg q 8 hours. With today's dose, she had a significant reaction with Laryngospasm. She is also on Amoxicillin. The distal wound tract is 14cm and the proximal wound tract is 3.5cm with a 1cm oraphace. We are using white sponge in the sinus tracts and Vac at 200mm of Mercury continuous profile.

Underlying Conditions

Impression & Recommendations:

Problem # 1: PYOGENIC ARTHRITIS PELVIC REGION AND THIGH (ICD-711.05)
IMPRESSION:
1. Pyogenic arthritis of the right hip

PLAN:
We discussed antibiotic regimen with Dr. Buitrago/ Infectious Disease. We will discontinue Ampicillin as we continue to culture enterococcus despite the Ampicillin so it is most likely resistant. We will discontinue Imipenem due to the reaction. We will initiate Cefepime at 2 grams IV q 12 hours with Vancomycin peak and trough and profile. We will also obtain hemoglobin A1-C and a fructosamine and send this information with any recommendation to Dr. Lida Ogden her primary care physician. Vac is replaced as prior with white sponge in both sinus tracts and no change in Vac parameters. We will plan 3 weeks with this regimen and antibiotic modification as required. If we do not seeing significant decrease in size of sinus tracts in 3 weeks, I will contact Dr. Selznick regarding possible unroofing of these sinus to make Vac therapy more effective. We will recheck this in 1 week. Home health nurse was present at today's examination. The above was reviewed with her.

JUDY NIELD
Female DOE [redacted]

Home: 208-237-4079 Work: 208
Ins: MEDICARE (320)

Problem # 2: DIABETES MELLITUS, TYPE II (ICD-250.00)

Signed by Mike Baker on 06/01/2009 at 7:47 AM
